



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

DEN

FOR DIVISION USE ONLY

Board of Dental Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Dental Hygiene Restorative Function License Renewal

March 1, 2023 – February 28, 2025

- Your license lapses after February 28, 2023. There is no grace period — it is illegal to work if your license has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.
- You must also submit a renewal application for your Dental Hygienist license.

PART I Payment of Fees

| | | |
|----------------------|--|----------------|
| Renewal Fees: | <input type="checkbox"/> Full-Term Biennial License Renewal <i>(For licenses first issued on or before February 28, 2022)</i> | \$60.00 |
| | <input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after March 1, 2022)</i> | \$30.00 |

PART II Personal Information

| | | |
|--|--|----------------|
| Full Legal Name: Name change: <input type="checkbox"/> | AK Restorative Function Endorsement Number: | |
| <i>If you have had a legal name change since your last license was issued, you must complete a Change of Name form.</i> | | |
| Mailing Address: Address change: <input type="checkbox"/> | P.O. Box or Street | City State Zip |
| Contact Phone: | Date of Birth: | |
| EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure. | | |
| Email Address: | Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail | |
| Note: If both boxes are selected above, you will receive correspondence electronically. | | |
| SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure. | | |

PART III Supervising Dentist

| | | | |
|---------------------------------------|--------|------|-----------|
| Licensed Supervising Dentist Name: | | | |
| Licensed Supervising Dentist Address: | Street | City | State Zip |

PART IV Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements of 12 AAC 28.780.

Check one of these boxes if your renewal application is postmarked on or before February 28, 2023:

- Licenses initially issued on or before February 28, 2021.

I certify that I have successfully completed the required additional 2 hours of continuing education relating to materials or techniques used for the restoration of teeth as required by 12 AAC 28.400 during the concluding licensing period of March 1, 2021 – February 28, 2023.

- or -

- Licenses initially issued between March 1, 2021, and February 28, 2022.

I certify that I have successfully completed the required additional 1 hour of continuing education relating to materials or techniques used for the restoration of teeth as required by 12 AAC 28.400 during the concluding licensing period of March 1, 2021 – February 28, 2023.

- or -

- Licenses initially issued on or after March 1, 2022.

Licenses initially issued after March 1, 2022, are not required to provide evidence of additional continuing education for this renewal only. Licensees will be subject to continuing education requirements for subsequent renewals.

Late Renewal Applicants

Check one of these boxes if your renewal application is postmarked on or after March 1, 2023:

- I have checked the appropriate box above to certify the method in which I successfully meet the continuing education requirements.

- or -

- I certify that I have successfully completed some or all my hours of continuing education after February 28, 2023, but prior to submitting this renewal application. These hours were earned in accordance with 12 AAC 28.780. I have attached a letter of explanation regarding my late renewal and copies of certificates documenting completion of continuing education. Under 12 AAC 02.965, I understand that the hours I earned after April 30, 2021, may not be used for the subsequent renewal period.

Random Audit

The board will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

DEN

FOR DIVISION USE ONLY

Board of Dental Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Signature Page

| | |
|------------------------|--|
| Applicant Name: | |
|------------------------|--|

PART V Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

| | | |
|-----------------------------|---------------------|--|
| Applicant Signature: | Date Signed: | |
|-----------------------------|---------------------|--|

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on February 28 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

LAPSED LICENSES:

If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025. Licenses that are expired for more than five years may not be renewed or reinstated.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.