



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

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Dental Hygienist Advanced Practice Permit Renewal

March 1, 2025 – February 28, 2027

- Your permit lapses after February 28, 2025. There is no grace period — it is illegal to work if your permit has lapsed.
- Faxed or 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 permit 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 (#08-4063).

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Full-Term Biennial Permit Renewal <i>(For permits first issued on or before February 28, 2024)</i>	\$200.00
	<input type="checkbox"/> Prorated Permit Renewal <i>(For permits first issued on or after March 1, 2024)</i>	\$100.00

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>			AK Permit Number:	
<i>If you have had a legal name change since your last permit was issued, you must complete a <u>Change of Name form</u>.</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 permit 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 Hygiene Practice Facility Information

Name of Hygiene Practice Facility or Business:				
Facility or Business Address:	Street	City	State	Zip

PART IV Statement of Compliance

By checking the appropriate boxes below, you are verifying your compliance with the continuing competency requirements of 12 AAC 28.400-420 and 12 AAC 28.936(e).

Check this box if your renewal application is postmarked on or before February 28, 2025:

- In addition to the continuing education completed for my dental hygienist license under 12 AAC 28.400 – 12 AAC 28.420, I certify I have successfully completed the additional four contact hours of continuing education for the advanced practice permit between 3/1/2023 and 2/28/2025. The additional four contact hours were in one or more of the following subject areas: medical emergencies; pediatric and other special health care needs; pharmacology; oral pathology; public health, or other eleemosynary facility, relating to, or supporting charity; patient management; and/or general medicine and physician diagnosis.

Late Renewal Applicants

Check one of these boxes if your renewal application is postmarked on or after March 1, 2025:

- I have checked the box above to certify the method in which I successfully meet the continuing education requirements.
- OR -
- I certify I have successfully completed some or all my hours of continuing education after February 28, 2025, but prior to submitting this renewal application. These hours were earned in accordance with 12 AAC 28.400-420 and 12 AAC 28.936(e). 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 the hours I earned after February 28, 2025, may not be used for the subsequent renewal period.

Random Audit

The board will audit a percentage of the permit renewals. If your permit 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.

PART V Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.36, AS 08.32 and 12 AAC 28).



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Signature Page

Applicant Name:	
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PART VI Agreement

I attest I will adhere to all Alaska laws governing the practice of a dental hygienist with an advanced practice permit.

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

I further understand 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:	
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General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the permit may 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.

PERMIT TERM:

Permits are issued for a two-year period and expire on February 28 of odd-numbered years, regardless of the date of issuance, except permits issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 60 days before permit expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a permit holder from the responsibility of renewing a permit on time.

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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

RANDOM AUDIT:

If your program requires continuing education, the division will audit a percentage of the permit renewals. If your permit 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. Permit holders 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 permit holder’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 permit must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.100 requires a U.S. Social Security Number be on file with the division before a permit is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

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.

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. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: RegulationsAndPublicComment@Alaska.Gov.



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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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		