



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 License Renewal

March 1, 2025 – February 28, 2027

- Your license lapses after February 28, 2025. There is no grace period — it is illegal to work if your license 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 license certificate will be available for printing via the MY LICENSE self-service portal.
- If you hold a sedation or general anesthesia permit, you will need to renew that as well, using a separate renewal form (#08-4780 and/or #08-4781).

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Full-Term Biennial License Renewal (For licenses first issued on or before February 28, 2024)	\$450.00
	<input type="checkbox"/> Prorated License Renewal (For licenses first issued on or after March 1, 2024)	\$225.00

PART II Personal Information

Practice Owner Name:			
Practice Location:	Street	City	State Zip
Full Legal Name: Name change: <input type="checkbox"/>	AK License Number:		
If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name</u> form.			
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 Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements of 12 AAC 28.400-420.

Check one of these boxes if your renewal application is postmarked on or before February 28, 2025:

☐ **Licenses initially issued on or before February 28, 2023.**

I certify I have successfully completed the required 32 hours of continuing education during the concluding licensing period of March 1, 2023 – February 28, 2025.

Additionally, I certify I hold a current CPR certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

- OR -

☐ **Licenses initially issued between March 1, 2023 and February 28, 2024.**

I certify I have successfully completed the required 16 hours of continuing education during the concluding licensing period of March 1, 2023 – February 28, 2025.

Additionally, I certify I hold a current CPR certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

- OR -

☐ **Licenses initially issued on or after March 1, 2024.**

Licenses initially issued after March 1, 2024, are not required to provide evidence of continuing education for this renewal only. Licensees will be subject to continuing education requirements for subsequent renewals.

I certify I hold a current CPR certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

Late Renewal Applicants

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

☐ I have checked the appropriate 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. 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.

I further certify I hold a current CPR certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

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.

PART IV DEA Registration and PDMP Acknowledgment

If selected for audit, providers holding an active DEA registration will be required to submit proof of 2 contact hours in pain management, opioid use and addiction, completed between March 1, 2023, and February 28, 2025, in accordance with 12 AAC 28.400.

1. Providers with a DEA registration number valid to use in any state or practice location must register with the PDMP. Do you have a DEA Registration number?

- ☐ a. **NO**, I do not have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will refer to all applicable authorizing statutes, regulations, and comply with mandatory use. (Skip to Part VIII)
- ☐ b. **YES**, I have an active DEA registration number valid to use in any state or practice location. I have not registered with the PDMP and acknowledge I must do so within 30 days of renewing this license.
- ☐ I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		Issue Date:		Expiration Date:	
Does this match the DEA in your PDMP account?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

- ☐ c. **YES**, I have an active DEA registration number valid to use in any state or practice location and am registered with the PDMP.
- ☐ I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		Issue Date:		Expiration Date:	
Does this match the DEA in your PDMP account?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. If you have a DEA registration number, have you completed 2 hours in pain management and opioid use and addiction between 3/1/2023 and 2/28/2025, in accordance with 12 AAC 28.400?

- ☐ a. **YES**
- ☐ b. **NO**

PART IV DEA Registration and PDMP Acknowledgment (*continued*)

3. Providers who directly dispense a federally scheduled II - IV controlled substance are required to report the dispensation(s) daily. Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is **NOT** direct dispensing.

Select ONE (1) of the following:

- ☐ a. **I send all of my controlled substance prescriptions to be filled at or through a pharmacy, including via a PickPoint system.**
- ☐ I acknowledge that reporting does not apply to me, however if I begin directly dispensing, I must report daily per AS 17.30.200 and 12 AAC 52.865.
- ☐ b. **I send some of my controlled substance prescriptions to a pharmacy and some I directly dispense to the patient myself.**
- ☐ I acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- ☐ c. **I personally dispense all of my controlled substance prescriptions to my patients myself.**
- ☐ I acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- ☐ d. **I only administer controlled substances to patients at a healthcare facility or correctional facility.**

PART V AWARxE

ACCOUNT

Before proceeding with this application, login to your PDMP account at *alaska.pmpaware.net* and indicate the following:

- ☐ I have logged into my account.
- ☐ I have verified my healthcare specialty is accurately listed and appropriate to my profession.
- ☐ I have verified my contact information is correct.
- ☐ I have verified my DEA number is accurate.
- ☐ My DEA needs to be updated to: _____

DELEGATES

Review and verify the delegates listed on your account. Select ONE (1) of the options below:

- ☐ I have verified no delegates exist in my account.

-OR-

- ☐ I have verified all delegates listed on my account are accurate.

List the delegate(s) name and license number(s). Be sure to include alpha-characters, if applicable.

Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	

PART VI 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).

PART VII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

Since the date your last Alaska license was issued or renewed:

- | | |
|---|---|
| 1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, crime includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. Convicted includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3. Have you been the subject of a report from the National Practitioner Data Bank or the American Association of Dental Boards Clearing house? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4. Are you the subject of a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding or of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction or a dental society? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 5. Are you the subject of an unresolved decision or a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction, dental society, or law enforcement agency that relates to criminal or fraudulent activity, dental malpractice, or negligent dental care and reflects on your ability or competence to practice dentistry or on the safety or well-being of patients? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice dentistry in a competent, ethical and professional manner? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 7. Do you use drugs or alcohol in any manner that impairs your ability to practice dentistry competently and safely? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

"Yes" Answers

If you answered "yes" to question 6 or 7, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a dentist. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Signature Page

Applicant Name:

PART VIII Agreement

I certify I hold a current CPR certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920. I further certify the course was NOT an online course. If audited, I agree to provide documentation that verifies I meet this activity as claimed.

I further certify I have successfully completed the required continuing competency as of this date, as reflected by my completed Statement of Compliance. If audited, I understand I must provide documentation that verifies I meet the activities as claimed.

I attest I will adhere to the ethical standards for dentists as set out by the board in 12 AAC 28.905-908.

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:

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 license 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.

LICENSE TERM:

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 which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license 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 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 08.01.100 requires a U.S. Social Security Number be on file with the division before a professional license is renewed. 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*.

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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Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- ☐ Court Orders ☐ Consent Agreements ☐ Disciplinary Actions ☐ Charging Documents
- ☐ Court Records ☐ Fitness to Practice ☐ All Other Documentation Related to This Incident
- ☐ I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



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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:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		