

APPENDIX II-G

COVER SHEET FOR FINAL PROPOSAL

Notice Number 2021-131 Rule Number Den 301 various

<p>1. Agency Name & Address: Board of Dental Examiners c/o Office of Professional Licensure & Certification 7 Eagle Square Concord, NH 03301</p>	<p>2. RSA Authority: <u>RSA 317-A:12, III; RSA 541-A:16, I(b) intro.</u></p> <p>3. Federal Authority: <u>n/a</u></p> <p>4. Type of Action:</p> <p><input type="checkbox"/> Adopt</p> <p><input type="checkbox"/> Amendment (only if Initial Proposal was filed before 9/27/20.)</p> <p><input type="checkbox"/> Repeal</p> <p><input type="checkbox"/> Readoption</p> <p><input checked="" type="checkbox"/> Readoption w/amendment</p>
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5. Short Title: **Application for Dental and Dental Hygienist Licensure, Fees, and Reinstatement of Licensure**

6. Contact person for copies and questions:

Name:	Tina M. Kelley	Title:	Program Specialist IV
Address:	Office of Professional Licensure and Certification 7 Eagle Square Concord, NH 03301	Phone #:	(603) 271-5247

7. The rulemaking notice appeared in the Rulemaking Register on **December 23, 2021**.

**SEE THE INSTRUCTIONS--PLEASE SUBMIT ONE COPY OF THIS COVER SHEET AND ONE COPY OF THE FOLLOWING:
(optional to number correspondingly)**

8. The "Final Proposal-Fixed Text," including the cross-reference table required by RSA 541-A:3-a, II as an appendix.

9. Yes N/A Incorporation by Reference Statement(s) because this rule incorporates a document or Internet content by reference for which an Incorporation by Reference Statement is required pursuant to RSA 541-A:12, III.

10. Yes N/A The "Final Proposal-Annotated Text," indicating how the proposed rule was changed because the text of the rule changed from the Initial Proposal pursuant to RSA 541-A:12, II(d).

11. Yes N/A The amended fiscal impact statement because the change to the text of the Initial Proposal affects the original fiscal impact statement (FIS) pursuant to RSA 541-A:5, VI.

Notice Number 2021-131

Rule Number Den 301 various

<p>1. Agency Name & Address: Board of Dental Examiners c/o Office of Professional Licensure & Certification 7 Eagle Square Concord, NH 03301</p>	<p>2. RSA Authority: <u>RSA 317-A:12, III; RSA 541-A:16, I(b) intro.</u></p> <p>3. Federal Authority: <u>n/a</u></p> <p>4. Type of Action: Adoption _____ Repeal _____ Readoption _____ Readoption w/amendment <u>X</u></p>
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5. Short Title: **Application for Dental and Dental Hygienist Licensure, Fees, and Reinstatement of Licensure**

6. (a) Summary of what the rule says and of any proposed amendments:

Den 301.01 describes the application for dental hygienist licensure and the documents to accompany that form and is being readopted with amendment. The existing rule indicates that the form must be filed with the Board and is being updated to have the form filed with the Office of Professional Licensure and Certification and retains the emergency rules that allow for dental hygienists and dentists to continue to utilize the manikin examination. In addition, the requirement to submit documents to obtain a federal and State of NH criminal background check is being added in accordance with RSA 317-A:8-a that become effective on July 1, 2019.

Den 301.02 describes the application for licensure to practice dentistry in the State of NH and the documents to accompany that form and is being readopted with amendment. The existing rule indicates that the form must be filed with the Board and is being updated to have the form filed with the Office of Professional Licensure and Certification and retains the emergency rules that allow for dental hygienists and dentists to continue to utilize the manikin examination. In addition, the requirement to submit documents to obtain a federal and State of NH criminal background check is being added in accordance with RSA 317-A:8-a that become effective on July 1, 2019.

Den 301.06 describes the license activation of a dentist or dental hygienist with an inactive license and is being readopted with amendment to add the requirement that documents be submitted to obtain a federal and State of NH criminal background check in accordance with RSA 317-A:8-a that become effective on July 1, 2019.

Den 301.08 describes the fees of the Board and is being readopted with amendment to remove fees currently established in an interim rule by the Executive Director of the Office of Professional Licensure and Certification, in Plc 1000.

Den 301.12 describes reinstatement of lapsed licenses for dentists and dental hygienists and is being readopted with amendment to add the requirement that documents be submitted to obtain a federal and State of NH criminal background check in accordance with RSA 317-A:8-a that become effective on July 1, 2019.

6. (b) Brief description of the groups affected:

Those individuals affected by the adoption of these rules are dentists and dental hygienists applying for initial licensure, reactivation of a license, and reinstatement of a lapsed license.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

Rule	Specific State Statute the Rule Implements
Den 301.01	RSA 317-A:12, III; RSA 541-A:16, I(b) intro.
Den 301.01 (k)	RSA 317-A:12 III, and IV
Den 301.01 (i)	RSA 317-A:12, III and IV
Den 301.02	RSA 317-A:12, III; RSA 541-A:16, I(b) intro.
Den 301.02 (h)(1)	RSA 317-A:12, III and IV
Den 301.02 (o)	RSA 318-B:33, II
Den 301.06	RSA 317-A:12, III; RSA 317-A:12, XIV; RSA 317-A:16
Den 301.08	RSA 317-A:12, III; RSA 317-A:12, XIV; RSA 541-A:16, I(b) intro.
Den 301.12	RSA 317-A:15-a

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Tina M. Kelley**

Title: **Program Specialist IV**

Address: **Office of Professional
Licensure and Certification
7 Eagle Square
Concord, NH 03301**

Phone #: **(603) 271-5247**

Fax#: **(603) 271-0597**

E-mail: **OPLC-Rules@oplcnh.gov**

TTY/TDD Access: Relay NH 1-800-735-2964 or dial 711 (in NH)

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **February 7, 2022 at the conclusion of the public hearing**

Fax

E-mail

Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Monday, February 7, 2022 at 3:30 p.m.**

Place: **Office of Professional Licensure and Certification
7 Eagle Square
Concord, NH 03301**

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # 21:126, dated 12-14-2021

1. Comparison of the costs of the proposed rule(s) to the existing rule(s):

When compared to the existing rules, the proposed rules will increase costs to certain citizens and increase revenue to the State.

2. Cite the Federal mandate. Identify the impact on state funds:

No federal mandate, no impact on state funds.

3. Cost and benefits of the proposed rule(s):

The proposed amendment to the rules adds the requirement for dentists and dental hygienists to obtain a federal bureau of investigation and state criminal background check for initial and reinstatement licensure. The cost to obtain an FBI and State background check is determined by the NH State Police. Currently the NH State Police charge \$48.25 to obtain both the FBI and State background checks. To the extent costs are incurred, such costs would be mandated by rule. It is undeterminable how many applicants for licensure will be submitted to OPLC.

The rule will also update the rule to current statutory practices, remove the acceptance of cash as a form of payment, and to remove fees that the Office of Professional Licensure has adopted through interim rules, Plc 1001.

The removal of various fees is based on OPLC adopting interim rules addressing these fees, see Plc 1001.

A. To State general or State special funds:

The State criminal records fund would have a revenue increase due to the new requirement for background checks. Any savings or benefit from the removal of various fees in this rule is attributable to PLC 1001. There will be no impact on the State general fund.

B. To State citizens and political subdivisions:

State citizens who are dentist or dental hygienists would have an increase cost due to the new requirement to obtain a federal bureau of investigation and state criminal background check for initial and reinstatement licensure. There would be no fiscal impact on political subdivisions.

C. To independently owned businesses:

Independent businesses that cover their employees' background checks may incur additional indeterminable administrative expense for these employees.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

These rules do not violate Part I, Article 28-a of the New Hampshire Constitution. These rules do not mandate or assign this program or responsibility to any political subdivision in any way.

Readopt with amendment Den 301.01, effective 12-6-17 (Document # 12428), to read as follows;

Den 301.01 Application for Dental Hygienist Licensure.

(a) Each applicant for a license to practice dental hygiene in the state of New Hampshire shall provide the following on the "Dental Hygienist Application for Licensure" form:

- (1) Applicant's name;
 - (2) Applicant's date of birth;
 - (3) Applicant's place of birth;
 - (4) Applicant's social security number, as required by RSA 161-B:11, VI-a;
 - (5) Any other name by which the applicant has been known;
 - (6) Applicant's current business and residential addresses, telephone numbers, and primary email address either business or personal;
 - (7) Applicant's educational background, including the name of the school of dental hygiene attended with date of graduation;
 - (8) Whether the applicant has taken and passed the examinations of the:
 - a. Joint Commission on National Dental Examinations; and
 - b. American Board of Dental Examiners (ADEX) dental hygiene examination or other similar U.S. regional or state board including clinical procedure components;
 - (9) A listing of the following:
 - a. All places where the applicant has possessed a license to practice dental hygiene, including the state and license number, issue date, whether active or inactive, and dates of practice; and
 - b. Professional employment history including the names of the employing dentists, the dates and locations;
 - (10) Whether the applicant:
 - a. Has been convicted of a felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled;
 - b. Has been convicted of illegally practicing dental hygiene;
 - c. Has ever been denied dental hygiene licensure;
 - d. Currently has or ever has had any professional license subjected by any professional licensing body in any jurisdiction or state to any investigation, sanction, or disciplinary
- Edit:** The initial proposal included the words "or manikin examination" here. These words were not in the annotated version of the final proposal. If they were meant to be included then they should be here and in the annotated version of the final proposal. If they were not meant to be included after the initial proposal then they should have appeared struck through in the annotated version of the final proposal.
- Edit:** "following examinations:"
- Edit:** Insert comma

action, including but not limited to revocation, suspension, probation or stayed probation, limitation or restriction, fine, reprimand, denied renewal, voluntary or involuntary relinquishment, or required submission to care, counseling, supervision, or further education; or

e. Has ever been or is currently named as a party in any malpractice or professional liability claim or lawsuit or has any pending;

(11) Whether the applicant has been advised by a health practitioner or mental health practitioner that a physical or mental illness impairs the ability to practice dental hygiene;

(12) Whether the applicant has a physical or mental illness, or other condition, or addiction to alcohol, narcotics or other mind altering drugs which impairs the applicant's ability to practice dental hygiene;

← Edit: Insert comma

(13) A listing of the dental continuing education courses taken during the last 2 years;

(14) At least 2 signed certifications of good professional character, at least one of which is by a licensed dentist in good standing if the applicant has previous dental employment;

(15) Signed certification of graduation or, if not more than 3 months prior to the date the degree will be conferred, a certification of completion by the dean or registrar of the school of dental hygiene granting the applicant a degree; and

(16) Whether the applicant's basic life support for healthcare providers (BLS-HCP) is current, and if so, provide proof;

← Edit: Period

(b) An unmounted passport-type photograph of the applicant shall be:

(1) Attached to the form;

(2) Taken not more than 6 months before the date on the application;

(3) No smaller than 2 and 1/2 inches square; and

(4) Impressed or stamped by a portion of the seal of the dental hygiene school from which the applicant graduated.

← Edit: Remove annotation

(c) The form shall be signed by the applicant, notarized, and filed with the office of professional licensure and certification. Deceptive or false statements, knowingly made by the applicant, shall result in denial of license. By signing the form, the applicant shall waive any confidentiality regarding disclosure to the board from any other jurisdiction about any pending complaints or action being taken against the applicant's license to practice dental hygiene and consents to a criminal background check.

(d) The form shall be accompanied by the following documents:

(1) A certified check or money order made payable to the "Treasurer, State of New Hampshire" for the application fee specified in Den 301.08;

(2) Either of the following:

- a. An original or certified copy of the applicant's birth certificate written in English or translated to English; or
- b. A certified copy of the applicant's valid passport written in English or translated to English; and

(3) A completed criminal history records check form and fingerprint card, seeking both a New Hampshire and a federal records check, in accordance with the procedure and payment requirements specified by the NH department of safety at Saf-C 5700, and if the federal criminal history records check shows the existence of a criminal record in another state, the applicant shall obtain a detailed criminal record check directly from that state and provide it to the board.

(e) The following documents shall be filed with the board directly by the issuing agency:

- (1) An official copy of the applicant's school of dental hygiene transcript bearing the registrar's original signature and the school's seal;
- (2) The applicant's original grade card denoting successful completion of the examination of the Joint Commission on National Dental Examinations; and
- (3) A certified statement from the dental examining board of each state in which the applicant has been licensed as to whether the applicant's license to practice in that state, based on the records of the board,

← Edit: colon

- a. Has been subject to disciplinary action;
- b. Has disciplinary action pending;
- c. Has been under stayed probation; or
- d. Is under investigation.

(f) The board shall verify directly with the CDCA or similar regional or state board that the applicant has taken and passed the board examination, including a clinical procedure component, within the 3 years immediately prior to submitting the application, and deposits the required credentials with the board. Applicants who have successfully passed other regional boards shall provide verification directly to the board.

(g) Endorsement certification shall be considered for any person holding a current, unsuspended, unrestricted license to practice dental hygiene in another state and who has practiced clinical dental hygiene in one or more states for not less than 3 years immediately prior to submitting the application, and deposits the required credentials with the board.

(h) Applicants for endorsement certification shall have taken and passed the American Board of Dental Examiners (ADEX) dental hygiene examination, or other similar U.S. regional or state board for dental hygienists examination, including a clinical procedure component, with a passing score on each part of the examination.

(i) The education requirements, specified in RSA 317-A:21 shall apply to all applicants for licensure under this section.

(j) Pursuant to RSA 317-A:8, an applicant shall be a graduate of a dental hygiene school general dentistry program which:

- (1) Is of at least 2 years duration;
- (2) Is accredited by CODA; and
- (3) Awards the minimum degree of Associates in Science with a major in dental hygiene.

(k) When the required materials have been approved by the board, the applicant shall take a test on the contents of RSA 317-A Dental Practice Act, administrative rules Den 100 through Den 500, the American Dental Association’s Principles of Ethics and Code of Professional Conduct, and the American Dental Hygienists’ Association Code of Ethics for Dental Hygienists.

(l) After passage of the test in (k) above, the board shall issue an active New Hampshire dental hygiene license upon payment of the full registration fee adopted in Den 301.08.

(m) Required materials that are subject to change shall be updated if more than 4 months old at time of completion of application.

(n) After 6 months, the board shall discard the applications of applicants who choose not to complete the application process.

Readopt with amendment Den 301.02, effective 12-6-17 (Document # 12428), to read as follows;

Den 301.02 Application for Dental Licensure.

(a) Each applicant for a license to practice dentistry in the state of New Hampshire shall provide the following on the “Dentist Application for Licensure” form:

- (1) Applicant’s name;
- (2) Applicant’s date of birth;
- (3) Applicant’s place of birth;
- (4) Applicant’s social security number, pursuant to RSA 161-B:11, VI-a;
- (5) Any other name by which the applicant has been known;
- (6) Applicant’s current residential address, telephone number, and primary email address either business or personal;
- (7) Applicant’s educational background, including:
 - a. The names of the colleges attended;
 - b. The date of graduation and degree, if any;
 - c. The names of the dental schools attended;

Unclear: The form asks whether the applicant has a DEA number to prescribe schedule II_IV controlled substances, requests the corresponding DEA number, and asks whether this DEA number will be associated with the NH dental license. These requirements must be written out in the rule in this section.

- d. The dates of attendance and graduations;
- e. The types of post graduate dental programs completed; and
- f. The certificates or degrees, if any, including specialty training certificate;

(8) Whether the applicant has taken and passed the examinations of the:

- a. Joint Commission on National Dental Examinations; and
- b. American Board of Dental Examiners (ADEX) examination, or other similar U.S. regional or state board clinical examination for dentists, including a clinical periodontal scaling component or the manikin examination;

(9) A listing of the following:

Edit: Insert comma

- a. All places where the applicant has possessed a license to practice dentistry, including the state and license number, issue date, whether active or inactive and dates of practice; and
- b. Professional employment history including the dates, locations, and status;

(10) Whether the applicant:

- a. Has been convicted of a felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled;
- b. Has been convicted of the illegal practice of dentistry;
- c. Has ever been denied dental licensure;
- d. Currently has or ever has had any professional license subjected by any professional licensing body in any jurisdiction or state to any investigation, sanction, or disciplinary action, including but not limited to revocation, suspension, probation or stayed probation, limitation or restriction, fine, reprimand, denied renewal, voluntary or involuntary relinquishment, or required submission to care, counseling, supervision, or further education;
- e. Possessed a dental license that has been revoked, suspended, placed under probation or stayed probation, restricted, not renewed, involuntarily relinquished, or otherwise sanctioned, or is currently under review in any jurisdiction or state;
- f. Has had any physical or mental illness that impairs the ability to practice dentistry;
- g. Has been advised by a health practitioner or mental health practitioner that a physical or mental illness impairs the ability to practice dentistry;
- h. Has investigations or disciplinary actions pending against the applicant's dental license;

- i. Has ever been or is currently named as a party in any malpractice or professional liability claim or lawsuit or has any pending;
- j. Has had hospital privileges revoked, suspended, restricted, denied, not renewed, or involuntarily relinquished; or
- k. Has ever had a DEA license revoked, suspended, denied, placed on probation, restricted or otherwise sanctioned by a state or federal licensing regulatory board or agency, or which is currently involved in an investigation or disciplinary process;

- (11) Whether the applicant has an addiction to alcohol, narcotics ~~or~~ other mind altering drugs which impairs the applicant's ability to practice dentistry; Edit: Insert comma
 - (12) A listing of the dental continuing education courses taken during the last 2 years;
 - (13) At least 3 signed certifications of good professional character, with at least 2 by licensed dentists in good standing, if the applicant has previous dental employment;
 - (14) Signed certification of graduation or, if not more than 3 months prior to the date the degree will be conferred, a certification of completion by the dean or registrar of the dental college granting the applicant a degree; and
 - (15) Whether the applicant's CPR certification is current, and if so, provide proof.
- (b) An unmounted passport-type photograph of the applicant shall be:
- (1) Attached to the form;
 - (2) Taken not more than 6 months before the date on the application;
 - (3) No smaller than 2 and 1/2 inches square; and
 - (4) Impressed or stamped by a portion of the seal of the dental school from which the applicant graduated. Edit: Insert comma
- (c) The form shall be signed by the applicant, notarized ~~and~~ filed with the office of professional licensure and certification. Deceptive or false statements, knowingly made by the applicant shall result in denial of license. By signing the form, the applicant shall waive any confidentiality regarding disclosure to the board from any other jurisdiction about any pending complaints or action being taken against his or her license to practice dentistry and consents to a criminal background check.
- (d) The form shall be accompanied by the following documents:
- (1) A certified check or money order made payable to the "Treasurer, State of New Hampshire" for the application fee specified in Den 301.08;
 - (2) Either of the following:
 - a. An original or certified copy of the applicant's birth certificate written in English or translated to English; or

b. A certified copy of the applicant's valid passport written in English or translated to English; and

(3) A completed criminal history records check form and fingerprint card, seeking both a New Hampshire and a federal records check, in accordance with the procedure and payment requirements specified by the NH department of safety at Saf-C 5700, and if the federal criminal history records check shows the existence of a criminal record in another state, the applicant shall obtain a detailed criminal record check directly from that state and provide it to the board.

(e) The following documents shall be filed with the board directly by the issuing agency:

(1) An official copy of the applicant's dental school transcript and, if applicable, a copy of a specialty training certificate bearing the registrar's original signature and the school's seal or a letter on school letterhead sent directly to the board's office. An unofficial transcript and a diploma stamped with the dental school seal may be provided until the official transcript is ready;

(2) The applicant's original grade card denoting successful completion of the examination of the Joint Commission on National Dental Examinations; and

(3) A certified statement from the dental examining board of each state in which the applicant has been licensed as to whether the applicant's license to practice in that state based on the records of the board, as follows:

a. Has been subject to disciplinary action;

b. Has disciplinary action pending;

c. Has been under stayed probation; or

d. Is under investigation.

Edit: Replace / with "or" or remove as done in Den 301.02(a)(8)b. on p. 5 above, whichever is most appropriate.

(f) The board shall verify directly with the CDCA or other similar U.S. regional or state board that the applicant has taken and passed the board clinical examination for dentists, including a clinical periodontal/scaling component, within the 3 years immediately prior to submitting the application.

(g) Endorsement certification shall be considered for each applicant who holds a current, unsuspended, unrestricted license to practice dentistry who deposits with the board the required credentials if:

(1) The applicant has taken and passed the American Board of Dental Examiners (ADEX) examination, or other similar U.S. regional or state board clinical examination for dentists, including a periodontal/scaling exam; and

(2) Throughout the 3 years immediately prior to submitting the application, the applicant:

a. Has practiced clinical dentistry in one or more states;

b. Has been in dental specialty training;

c. Has been in active military dental service; or

d. Has been in any combination thereof.

(h) The education requirements specified in RSA 317-A:8 shall apply to all applicants for licensure under this section.

(i) Pursuant to RSA 317-A:8, an applicant shall be a graduate of a dental school general dentistry program which:

- (1) Is of at least 2 years duration;
- (2) Is accredited by the Commission on Dental Accreditation (CODA); and
- (3) Awards the degree of Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS).

(j) When the required materials have been approved by the board, the applicant shall take a test on the contents of RSA 317-A Dental Practice Act, administrative rules Den 100 through Den 500, the American Dental Association's Principles of Ethics and Code of Professional Conduct, and the American Dental Hygienists' Association Code of Ethics for Dental Hygienists.

(k) After passage of the test in (j) above, the board shall issue an active New Hampshire dental license upon payment of the full registration fee adopted in Den 301.08.

(l) Required materials that are subject to change shall be updated if more than 4 months old at the time of completion of application.

(m) After 6 months, the board shall discard the applications of applicants who choose not to complete the application process.

Unclear: This statute has been repealed.
Citation must be updated for clarity.

(n) If an applicant possesses a DEA number to prescribe schedules II-IV controlled substances pursuant to RSA 318-B:33, the applicant for licensure shall register with the New Hampshire Controlled Drug Prescription Health and Safety Program (PDMP), pursuant to RSA 318-B:33, II and Ph 1503.01 (a). If the applicant possesses a DEA number, the applicant shall provide it to the board. Failure to register within 90 days of the initial issuance of a license shall constitute professional misconduct within the meaning of RSA 317-A:17, II and shall be grounds for disciplinary action. A licensee shall not engage in the prescribing or dispensing of controlled substances in schedules II-IV without having registered with the New Hampshire PDMP.

Readopt with amendment Den 301.06, effective 10-7-14 (Document # 10689), to read as follows;

Den 301.06 License Activation. Pursuant to RSA 317-A:16, any dentist or dental hygienist holding an inactive license shall be restored to active status by the board upon:

- (a) Filing a written request with the board;
- (b) Furnishing evidence of continuing professional character and competence as follows:
 - (1) Having a letter of good standing sent directly to the New Hampshire dental board from any dental board where the applicant has practiced; and

(2) If the applicant has not been practicing for:

- a. Three years or less, submitting evidence of current continuing education equivalent to 20 hours per year for dentists and 10 hours per year for dental hygienists;
- b. More than 3 years but less than 5 years, submitting evidence of current continuing education and completion of a refresher course approved by the board; and
- c. Five years or more, the applicant shall pass the entire American Board of Dental Examiners (ADEX) examination, including a periodontal scaling exam, within 6 months prior to license activation; and

Edit: Replace / with "or" or remove as done in Den 301.02(a)(8)b. on p. 5 above, whichever is most appropriate.

(c) Payment of the full registration fee adopted in Den 301.08.

(d) A completed criminal history records check form and fingerprint card, seeking both a New Hampshire and a federal records check, in accordance with the procedure and payment requirements specified by the NH department of safety at Saf-C 5700, and if the federal criminal history records check shows the existence of a criminal record in another state, the applicant shall obtain a detailed criminal record check directly from that state and provide it to the board.

Readopt with amendment Den 301.08, effective 12-6-17 (Document # 12428), to read as follows;

Den 301.08 Board Fees. The board of dental examiners shall establish the following fees cited in Table 3.1.1 below:

Edit: Place "\$" in front of all fees below for consistency.

Table 3.1.1 Fees

Type of Fee	Fee
<u>Dentist</u>	
Application and examination fee for dental license	\$200.00
Active dental registration fee	365.00
Inactive dental registration fee	145.00
Reinstatement fee for lapsed active dental license	225.00
Reinstatement fee for lapsed inactive dental license	35.00
Application to administer general anesthesia and sedation, per dentist and per location	35.00
<u>Dental Hygienist</u>	
Application and examination fee for dental hygienist license	100.00
Active dental hygienist registration fee	165.00
Inactive dental hygienist registration fee	65.00
Reinstatement fee for lapsed active dental hygienist license	100.00
Reinstatement fee for lapsed inactive dental hygienist license	35.00
Application for dental hygienist to administer local anesthesia	25.00
Application for dental hygienist to administer nitrous oxide	25.00
<u>Certified Public Health Dental Hygienist (CPHDH)</u>	
Application for CPHDH certificate	25.00

Biennial certificate renewal fee for CPHDH	25.00
Reinstatement fee for lapsed CPHDH certification	25.00
<u>Expanded Function Dental Auxiliary (EFDA)</u>	
Application and certificate for EFDA	25.00
<u>[Other]</u>	

Readopt with amendment Den 301.12, effective 12-6-17 (Document # 12428), to read as follows;

Den 301.12 Reinstatement of Lapsed Licenses.

(a) When a license has lapsed as a result of failure of the applicant to submit a completed renewal application, the applicant shall, no later than November 1 of the year the license lapsed, print or type on the reinstatement form the following:

Edit: Delete

Unclear: There is no Den 301.02(o). Citation must be updated for clarity.

(1) ~~Den~~ For dental hygienist reinstatement, the information required for initial dental hygienist licensure, pursuant to Den 301.01 (a)(1) - (7), (9) - (12), and (16), Den 301.01 (b), (c), (d), and documentation showing that the applicant has completed 20 CEUs for the biennium; and

(2) For dentist reinstatement, the information required by initial dentist licensure, pursuant to Den 301.02 (a)(1) - (7), (9) - (11), (15), Den 301.02 (b), (c), (d), (o), and documentation showing that the applicant has completed 40 CEUs for the biennium;

Edit: Period

(b) The applicant shall submit a registration fee, reinstatement fee and late fee with the reinstatement application, as set forth in Den 301.08;

Edit: Period

Edit: Period

(c) If reinstating to active status, the applicant shall retake the NH dental jurisprudence examination; and

Edit: Delete

Unclear: Late fees were removed from Den 301.08.

(d) A completed criminal history records check form and fingerprint card, seeking both a New Hampshire and a federal records check, in accordance with the procedure and payment requirements specified by the NH department of safety at Saf-C 5700, and if the federal criminal history records check shows the existence of a criminal record in another state, the applicant shall obtain a detailed criminal record check directly from that state and provide it to the board.

Unclear: Highlighted statutes below have been repealed. Citations must be updated for clarity.

APPENDIX I

Unclear: This section is listed twice with different citations.

RULE	STATUTE
Den 301.01 (Specific provisions implementing specific statutes are cited below)	RSA 317-A:12, I, and III; 317-A:8
Den 301.01	RSA 317-A:8; RSA 317-A:12, I, III, and IV
Den 301.01 (k)	RSA 317-A:12 III, and IV
Den 301.01 (i)	RSA 317-A:12, III and IV
Den 301.02 (Specific provisions implementing specific statutes are cited below)	RSA 317-A:12, I, and III; 317-A:8
Den 301.02	RSA 317-A:8; RSA 317-A:12, I, III, and IV; RSA 318-B:33, II
Den 301.02 (h) (1)	RSA 317-A:12, III and IV
Den 301.02 (c)	RSA 318-B:33, II
Den 301.06	RSA 317-A:12, VIII; 317-A:16
Den 301.08	RSA 317-A:4, I (e); RSA 317-A:12, VII
Den 301.12	RSA 317-A:15-a; RSA 317-A:12, I, II and VIII

Edit: These should be alphabetical.

Unclear: This section is listed twice with different citations.

Unclear: These sections do not exist.