

Readopt with amendment Den 301.01, effective 4/19/22 (Document #13367), 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":]~~ **the "Universal Application for Initial Licensure" as required by Plc 304.01(a)(1).**

- ~~(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 following 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 or manikin examination;~~~~
- ~~(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 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;~~

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

(b) In addition to the information required by (a) above the applicant for licensure shall provide the following information on the “Dental Hygienist Addendum to the Universal Application for Initial Licensure”:

(1) Any other names by which the applicant has ever been known; and

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

a. Joint Commission on National Dental Examinations; and

b. American Board of Dental Examiners (ADEX) dental hygiene examination or other equivalent U.S. regional or state board including clinical procedure components or manikin examination;

(c) Pursuant to RSA 126-A:5, XVIII-a.(a) and RSA 317-A:12-a, hygienists shall complete, as part of their initial application, the New Hampshire division of public health service’s health professions survey issued by the state office of rural health and primary care, department of health and human services, pursuant to He-C 801.

(d) The board shall provide hygienists with the opportunity to opt out of the survey. Written notice of the opt-out opportunity shall be provided with the renewal application. The opt out form shall be available on the NH state office of rural health and primary care website at <https://www.dhhs.nh.gov/programs-services/health-care/rural-health-primary-care/health-professions-data-center>.

(e) Hygienists choosing to opt-out of the survey shall complete and submit the “New Hampshire Health Professions Survey Opt-Out Form,” to the state office of rural health and primary care, department of health and human services, via one of the following:

(1) Mail;

(2) Email;

(3) Fax; or;

(4) Electronic submission.

(f) Information contained in the opt-out forms shall be kept confidential in the same accord with the survey form results, pursuant to RSA 126-A:5 XVIII-a(c).

(g) The applicant for licensure as a dental hygienist shall provide the following with the application for licensure:

(1) One of the following:

a. An original or certified copy of the applicant's birth certificate written in English or translated to English;

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

c. A driver's license or other State issued identification; and

[(14)](2) At least [2] 3 [signed] certifications of good professional character, at least one of which is by a licensed dentist in good standing, and at least one of which is by a licensed hygienist in good standing, if the applicant has previous dental employment. The form "Statement of Professional Character" shall be signed within 4 months of the date of submission of the application[;] and require the following information be provided:

a. Placing that applicants name within the following statement:

"I am personally acquainted with _____ and attest that to the best of my knowledge they are of good professional character and recommend them for licensure in the State of New Hampshire."

b. Signature of the individual attesting to the statement in a. above;

c. Address of the individual attesting to the statement in a. above;

d. Printed name of the individual attesting to the statement in a. above;

e. Occupation, license number, state of licensure, and the length of time the individual attesting to the statement in a. above has known the applicant; and

f. The applicant for licensure shall affix their name and complete address to the form under the "Return this completed form to:";

[(15)](3) 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.]~~ **(4) Proof of current basic life support for healthcare providers (BLS-HCP), if applicable;**

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

~~(1) Attached to the;~~

~~-~~

~~(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.]~~

(5) A criminal offender record check provided in accordance with Plc 304.01(b);

~~[(4)]~~**(6)** An official copy of the applicant's school of dental hygiene transcript bearing the registrar's original signature and the school's seal;

~~[(2)]~~**(7)** The applicant's original grade card denoting successful completion of the examination of the Joint Commission on National Dental Examinations;~~[-and]~~

~~[(3)]~~**(8)** 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;

a. Has been subject to disciplinary action;

b. Has disciplinary action pending;

c. Has been under stayed probation; or

d. Is under investigation~~[-];~~ **and**

(9) The fee required pursuant to Plc 1002.11.

~~[(c) The 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, 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 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 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;~~

~~a. Has been subject to disciplinary action;~~

~~b. Has disciplinary action pending;~~

~~c. Has been under stayed probation; or~~

~~d. Is under investigation.]~~

~~[(f)](i) [The board shall verify directly with] **Applicants shall have successfully passed their regional boards and provide verification directly to OPLC from** the CDCA or [similar] **equivalent** regional or state board **showing** that [the applicant has] **they have** 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)](i) 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 **and have documentation of successful completion sent directly to OPLC's office.**~~

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

~~[(j)]~~**(k)** Pursuant to RSA 317-A:~~[8]~~**21**, 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)]~~**(l)** When the required materials have been approved by the ~~[board]~~ **OPLC**, the applicant shall take a ~~[test]~~ **jurisprudence exam** 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.

(m) The passing score on the jurisprudence exam shall be 75% or higher.

~~[(l)]~~**(n)** After passage of the ~~[test]~~ **jurisprudence exam** in ~~[(k)]~~**(h)** above, ~~[the board shall issue]~~ an active New Hampshire dental hygiene license **shall be issued** ~~[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 4/19/22 (Document #13367), to read as follows:

Den 301.02 Application for Dental License~~[ure]~~.

(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?"]~~ **"Universal application for Initial Licensure" required by Plc 304.01(a)(1).**

- ~~[(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;~~
- ~~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 sealing component or the manikin examination;~~

~~(9) A listing of the following:~~

- ~~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;~~

~~(12) A listing of the dental continuing education courses taken during the last 2 years;]~~

(b) In addition to the information required by (a) above the applicant for dental license shall provide the following information on the "Dentist Addendum to the Universal Application for Initial Licensure":

(1) Any other names by which the applicant has been known;

(2) 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 equivalent U.S. regional or state board clinical examination for dentists, including a clinical periodontal scaling component or the manikin examination;

(3) 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;

(c) Pursuant to RSA 126-A:5, XVIII-a.(a) and RSA 317-A:12-a, dentist shall complete, as part of their renewal application, the New Hampshire division of public health service's health professions survey issued by the state office of rural health and primary care, department of health and human services, pursuant to He-C 801.

(d) The board shall provide dentists with the opportunity to opt out of the survey. Written notice of the opt-out opportunity shall be provided with the renewal application. The opt out form shall be available on the NH state office of rural health and primary care website at <https://www.dhhs.nh.gov/programs-services/health-care/rural-health-primary-care/health-professions-data-center>.

(e) Dentists choosing to opt-out of the survey shall complete and submit the “New Hampshire Health Professions Survey Opt-Out Form,” to the state office of rural health and primary care, department of health and human services, via one of the following:

- (1) Mail;
- (2) Email;
- (3) Fax; or
- (4) Electronic submission.

(f) Information contained in the opt-out forms shall be kept confidential in the same accord with the survey form results, pursuant to RSA 126-A:5 XVIII-a(c).

(g) The following shall be submitted with the application for initial licensure:

~~[(13)]~~(1) 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 on the form “Statement of Professional Character” described in Den 301.01(h)(2). The “Statement of Professional Character” shall be signed within 4 months of the date of submission of the application;

~~[(14)]~~(2) 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.~~

~~[(16) Whether the applicant has a DEA number to prescribe schedule II-IV controlled substances and if yes:~~

~~a. Provide the DEA number; and~~

~~b. Indicate whether or not the DEA number will be associated with the applicant’s dental license.]~~

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

~~(1) Attached to the;~~

~~(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.~~

~~— (c) The 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, 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 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 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.]~~

~~**(3) One of the following:**~~

~~**a. An original or certified copy of the applicant's birth certificate written in English or translated to English;**~~

~~**b. A certified copy of the applicant’s valid passport written in English or translated to English; or**~~

~~**c. A driver’s license or other State issued identification; and**~~

~~**(4) Proof of current basic life support for healthcare providers (BLS-HCP), if applicable;**~~

~~**(5) A criminal offender record check provided in accordance with Plc 304.01(b);**~~

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

~~[(4)](6) 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] **OPLC**. An unofficial transcript and a diploma stamped with the dental school seal may be provided until the official transcript is ready;~~

~~[(2)](7) The applicant's original grade card denoting successful completion of the examination of the Joint Commission on National Dental Examinations; and~~

~~[(3)](8) 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.

(9) The fee required pursuant to Plc 1002.11.

~~[(f)](i)~~ ~~[The board shall verify directly with]~~ **Applicants shall have successfully passed their regional boards and provide verification directly to OPLC from** the CDCA or other ~~[similar]~~ **equivalent** 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)](i)~~ 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] **in accordance with RSA 310:17.**~~

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

~~[(i)](l)~~ 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)](m)~~ When the required materials have been approved by the ~~[board]~~ **OPLC**, the applicant shall take a ~~[test]~~ **jurisprudence exam** 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.

(n) The passing score on the jurisprudence exam shall be 75% or higher.

~~[(k)](o)~~ After passage of the ~~[test]~~ **jurisprudence exam** in ~~[(j)]~~ **(h)** above, the ~~[board]~~ **OPLC** 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.]~~

~~[(n)](p)~~ [If] **When** an applicant possesses a DEA number to prescribe schedules II-IV controlled substances pursuant to RSA 318-B:41, I(a), the applicant for licensure shall register with the New Hampshire Controlled Drug Prescription Health and Safety Program (PDMP), pursuant to RSA 126-A:91. If the applicant possesses a DEA number, the applicant shall provide it to the ~~[board]~~ **OPLC**. 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.

Repeal Den 301.03, effective 12/6/17 Document #12428), as amended effective 10/9/20 (Document #13116), as follows:

~~[Den 301.03 Application for Dental Hygienist License Registration and Renewal.~~

~~— (a) Each applicant for registration and renewal of a license to practice dental hygiene in the state of New Hampshire shall provide the following on the hygienist “Application for Registration and License Renewal” form, effective April 2017 and available on the board’s website:~~

- ~~(1) Applicant’s mailing address if changed;~~
- ~~(2) Applicant’s name;~~
- ~~(3) Applicant’s dental hygienist license number;~~
- ~~(4) Whether applicant’s hygienist license is active or inactive;~~
- ~~(5) The original date of dental hygienist licensure;~~
- ~~(6) Whether the applicant has practiced in the current biennium;~~
- ~~(7) A listing of other states where the applicant holds a dental hygienist license, if any;~~
- ~~(8) Applicant’s primary residence and telephone number;~~
- ~~(9) Name of practice, address and telephone number of each practice employing the applicant, and primary email address either business or personal;~~

~~(10) Whether the applicant:~~

- ~~a. Has ever been convicted of any felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled;~~
- ~~b. Has ever been convicted of the illegal practice of dental hygiene;~~
- ~~c. Has ever been denied dental hygienist 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. Has ever been or is currently named as a party in any malpractice or professional liability claim or lawsuit or has any pending; or~~
- ~~f. Has any physical, mental or other condition or addiction to alcohol, narcotics or other mind altering drugs that may impair an ability to practice dental hygiene;~~

~~(11) Whether the applicant practices under public health supervision, pursuant to Den 302.02, and the name of the program;~~

~~(12) Whether the applicant administers local anesthesia for dental patients in New Hampshire, and if yes, whether the applicant received a certificate of local anesthesia qualification;~~

~~(13) Whether the applicant has completed 20 hours of continuing education within 2 years immediately preceding the application;~~

~~(14) Whether the applicant, if he or she is an Expanded Function Dental Auxiliary (EFDA) pursuant to Den 302.07(b)(6), has completed 10 CEU's in this biennium in restorative dentistry; and~~

~~(15) Whether the applicant's BLS HCP training is current.~~

~~(b) The form shall be completed and attested to by the applicant and filed with the board. 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.~~

~~— (c) If the answer to (a) (13) is 'no', then a 30 day extension period for late registration shall be available to complete the requirement.~~

~~— (d) Pursuant to Den 301.08, there shall be a fee for late biennial registration. The form used shall be the same as the regular renewal form.~~

~~— (e) Applicants for renewal may complete their renewal applications online at <https://nhlicenses.nh.gov>.~~

~~— (f) Pursuant to RSA 126-A:5, XVIII a.(a) and RSA 317-A:12-a, hygienists shall complete, as part of their renewal application, the New Hampshire division of public health service’s health professions survey issued by the state office of rural health and primary care, department of health and human services, pursuant to He-C 801.~~

~~— (g) The board shall provide hygienists with the opportunity to opt out of the survey. Written notice of the opt out opportunity shall be provided with the renewal application. The opt out form shall be available on the NH state office of rural health and primary care website at <https://www.dhhs.nh.gov/dphs/bchs/rhpc/data-center.htm>.~~

~~— (h) Hygienists choosing to opt out of the survey shall complete and submit the “New Hampshire Health Professions Survey Opt Out Form,” revised June 2020, to the state office of rural health and primary care, department of health and human services, via one of the following:~~

- ~~(1) Mail;~~
- ~~(2) Email; or~~
- ~~(3) Fax.~~

~~— (i) Information contained in the opt out forms shall be kept confidential in the same accord with the survey form results, pursuant to RSA 126-A:5 XVIII a.(c).]~~

Repeal Den 301.04, effective 12/6/17 (Document #12428), as amended effective 20/9/20 (Document #13116) and renumber Den 301.05 through Den 301.07 as Den 301.03 through Den 301.05, as follows:

~~[Den 301.04 Application for Dentist License Registration and Renewal.~~

~~— (a) Each applicant for registration and renewal of a license to practice dentistry in the state of New Hampshire shall provide the following on the dentist “Application for Registration and License Renewal” form, effective April 2017 and available on the board’s website:~~

- ~~(1) Applicant’s mailing address if changed;~~
- ~~(2) Applicant’s name;~~
- ~~(3) Applicant’s license number;~~
- ~~(4) Whether the applicant’s license is active or inactive;~~
- ~~(5) Applicant’s original date of New Hampshire license;~~
- ~~(6) Whether the applicant has practiced in the current biennium;~~
- ~~(7) Whether the applicant practices as a specialist;~~
- ~~(8) A listing of other states where the applicant holds a dental license, if any;~~
- ~~(9) A listing of hospitals where the applicant holds staff privileges, if any;~~

~~(10) Applicant's primary residence and telephone number;~~

~~(11) Applicant's practice addresses, telephone numbers, and primary email address either business or personal;~~

~~(12) Whether the applicant:~~

~~a. Has been convicted of any felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled;~~

~~b. Has ever 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, voluntarily or involuntarily relinquished, or otherwise sanctioned, or has disciplinary actions pending in any jurisdiction or state;~~

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

~~g. Has had hospital privileges revoked, suspended, restricted, denied, not renewed or involuntarily relinquished; and~~

~~h. 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;~~

~~(13) 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 dentistry;~~

~~(14) Whether the applicant uses general anesthesia, deep sedation or moderate sedation on an outpatient basis for dental patients in New Hampshire;~~

~~(15) Whether the applicant, if he or she holds a moderate sedation permit, has documented 12 cases in the biennium or 4 hours of continuing education in sedation training;~~

~~(16) Excluding an in-office ancillary services, whether the applicant has an ownership in any entity which provides diagnostic or therapeutic services, and if so, attach a list;~~

~~(17) Whether the applicant has completed 40 hours of continuing education, at least 30 of which are clinical in nature, within the 2 years immediately preceding the application;~~

~~(18) Whether the applicant’s BLS HCP is current; and~~

~~(19) Whether the applicant has registered with the New Hampshire Controlled Drug Prescription Health and Safety Program (PDMP), as required in RSA 318-B:33, II and Ph 1503.01 (a), if the applicant possesses a DEA number to prescribe schedules II-IV controlled substances. If the applicant possesses a DEA number, the applicant shall provide the number to the board.~~

~~(b) Failure to register 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.~~

~~— (c) The form shall be completed and attested to by the applicant and filed with the board. 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 dentistry and consents to a criminal background check.~~

~~— (d) If the answer to (a) (17) is ‘no’, then a 30-day extension period for late registration shall be available to complete the requirement.~~

~~— (e) Pursuant to Den 301.08, there shall be a fee for late biennial registration. The form used shall be the same as the regular renewal form.~~

~~— (f) Applicants for renewal may complete their renewal applications online at <https://nhlicenses.nh.gov>.~~

~~— (g) Pursuant to RSA 126-A:5, XVIII a.(a) and RSA 317-A:12-a, dentists shall complete, as part of their renewal application, the New Hampshire division of public health service’s health professions survey issued by the state office of rural health and primary care, department of health and human services, pursuant to He-C 801.~~

~~— (h) The board shall provide dentists with the opportunity to opt out of the survey. Written notice of the opt-out opportunity shall be provided with the renewal application. The opt-out form shall be available on the NH state office of rural health and primary care website at <https://www.dhhs.nh.gov/dphs/behs/rhpc/data-center.htm>.~~

~~— (i) Dentists choosing to opt out of the survey shall complete and submit the “New Hampshire Health Professions Survey Opt Out Form,” revised June 2020, to the state office of rural health and primary care, department of health and human services, via one of the following:~~

~~(1) Mail;~~

~~(2) Email; or~~

~~(3) Fax.~~

~~— (j) Information contained in the opt-out forms shall be kept confidential in the same accord with the survey form results, pursuant to RSA 126-A:5 XVIII a.(c).]~~

Repeal Den 301.08, effective 4/19/22 (Document #13367) and renumber Den 301.09 and Den 301.10 as Den 301.06 and Den 301.07, as follows:

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

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]

Repeal Den 301.11, effective 10/7/14 (Document #10689), and renumber Den 301.12 and Den 301.13 as Den 301.08 and Den 301.09, as follows:

~~[Den 301.11 Use of Social Security Number.~~

~~— (a) Applicants for licensure as a dental hygienist or a dentist shall provide their social security numbers as required by Den 301.01(a)(4) and Den 301.02(a)(4).~~

~~— (b) Pursuant to RSA 161-B:11, VI a and 42 U.S.C.A. 666(a)(13), the [board] **OPLC** shall provide a licensee’s social security number to the department of health and human services in conjunction with proceedings or actions to establish paternity or to establish or enforce child support.~~

~~— (c) Pursuant to 45 CFR 60.8 and 45 CFR 61.7, the [board] **OPLC** shall provide a licensee’s or applicant’s social security number to their respective educational institutions, law enforcement, and professional licensure agencies, the licensure testing examiners utilized by the board to assess applicant professional competence, the American Association of Dental Boards, the National Practitioner Data Bank, or their equivalents, in order to ensure accurate identification of the applicant’s or licensee’s identity for the protection of the public welfare.~~

~~— (d) Licensees’ social security numbers shall not be provided to any other third party or be used for any other purpose. Pursuant to RSA 161-B:11, VI a, social security numbers shall be confidential and not subject to RSA 91-A, the right to know law.]~~

Readopt with amendment, effective 10/7/14 (Document #10689), to read as follows:

Den 303.03 Jurisprudence Exam.

(a) Each applicant for initial licensure to practice as a dentist or registered dental hygienist shall be examined by the board of dental examiners on the contents of RSA 317-A Dental Practice Act, administrative rules Den 100 through 500, and the American Dental Association’s Principles of Ethics and Code of Professional Conduct.

(b) The examination shall be:

(1) Taken at home [~~using pen and paper or if available~~] electronically [~~taken~~] on a secure website provided to the applicant by the [board] **OPLC or, if requested by the applicant, using pen and paper;** and

(2) Open book.

(c) The passing score for the jurisprudence exam shall be 75%.

APPENDIX I

RULE	STATUTE
Den 301.01	RSA 317-A:12, III; RSA 317-A:21, II
Den 301.02	RSA 317-A:12, III; RSA 317-A:21, II
Den 301.03 (repeal)	RSA 317-A:12, III; RSA 317-A:21, II
Den 301.04 (repeal)	RSA 317-A:12, III; RSA 317-A:21, II
Den 301.08 (repeal)	RSA 317-A:12, XIV
Den 301.11 (repeal)	RSA 161-B:II, VI-a
Den 303.03	RSA 317-A:12, IV; RSA 317-A:12, XIV