Take to the Board

# APPENDIX II-G Postponen will go in January

# COVER SHEET FOR FINAL PROPOSAL

Notice Number 2024-185	Rule Number	Den 300 various				
Agency Name & Address:     Board of Dental Examiners	2. RSA Authority:	RSA 317-A:12, III, IV, & XIV				
c/o Office of Professional	3. Federal Authority:					
Licensure & Certification	4. Type of Action:					
7 Eagle Square	Adopt					
Concord, NH 03301						
	Readoption					
		w/amendment				
5. Short Title: Licensing Requirements						
6. Contact person for copies and questions:						
Name: <b>Tina M. Kelley</b>	Title:	<b>Rules Coordinator</b>				
Address:  Office of Professional Licensure and Certification 7 Eagle Square Concord, NH 03301						
7. The rulemaking notice appeared in the Rulemak	ing Register on 9/26/2024					
AND ONE COPY	SEE THE INSTRUCTIONSPLEASE 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. A report or summary of the public comments received on the Initial Proposal and an explanation of how						
they were addressed in the Final Proposal as req	uired by RSA 541-A:12, II(	(e).				
10. Yes N/A Incorporation by Reference	ce Statement(s) because this ent by reference for which	an Incorporation by				
	quired pursuant to RSA 541					
Agency form(s) as required by RSA 541-A:12, II-a which this rule incorporates by reference or whose requirements are set forth in the rule pursuant to RSA 541-A:19-b.						
12. 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 RSA 541-A:12, II(d).						
13. Yes N/A The amended fiscal impact change to the text of the Ir	t statement pursuant to RSA nitial Proposal affects the ori n the original FIS which mu	ginal fiscal impact statement				

No	tice Number 2024-185	Rule Number	Den 300 various	
1.	Agency Name & Address:	2. RSA Authority:	RSA 317-A:12, III, IV, & XIV	
	<b>Board of Dental Examiners</b>	3. Federal Authority:	n/a	
	c/o Office of Professional Licensure and	4. Type of Action:		
	Certification	Adoption	<u> </u>	
	7 Eagle Square Concord, NH 03301	Repeal	X	
		Readoption		
		Readoption w/a	mendment X	
5.	Short Title: Licensing Requirements			

6. (a) Summary of what the rule says and of any proposed amendments including whether the rule implements a state statute for the first time:

The Board of Dental Examiners (Board) is proposing to repeal or readopt with amendment various rules in Chapter Den 300 on licensing requirements. The Board is proposing the following changes:

- 1. Readopt with amendment Den 301.01 describing the application for dental hygienist licensure requirements. The proposed changes are as follows:
  - Remove the description of the "Dental Hygienist Application for Licensure" and require the "Universal Application for Initial Licensure" be used;
  - Require additional information specific to the hygienists on the hygienist's addendum to the universal application;
  - Cite the requirement to complete the rural health professional survey;
  - List all items necessary to be submitted with the application for licensure;
  - Provide the content of the form titled "Statement of Professional Character";
  - Clarify that exams be successfully completed, and verification be sent to the Office of Professional Licensure and Certification (OPLC); and
  - Describe the examination on content of the laws and rules as the jurisprudence examination with a specified passing score;
- 2. Readopt with amendment Den 301.02 describing the application for dentist licensure requirements. The proposed changes are as follows:
  - Require additional information specific to the dentists on the dentist addendum to the universal application;
  - Cite the requirement to complete the rural health professional survey;
  - List all items necessary to be submitted with the application for licensure;
  - Require a "Statement of Professional Character" from at least 3 signed certifications of good professional character, with at least 2 from a licensed dentist in good standing;
  - Clarify that exams be successfully completed, and verification be sent to the OPLC; and
  - Describe the examination on content of the laws and rules as the jurisprudence examination with a specified passing score;
- 3. Repeal Den 301.03 describing the application for dental hygienist licensure registration and renewal:

- 4. Repeal Den 301.04 describing the application for dental licensure registration and renewal and renumber Den 301.05 through Den 301.07 as Den 301.03 through Den 301.05;
- 5. Repeal Den 301.08 describing various fees and renumber Den 301.09 and Den 301.10 as Den 301.06 and Den 301.07;
- 6. Repeal Den 301.11 describing the use of a social security number and renumber Den 301.12 and Den 301.13 as Den 301.08 and Den 301.09; and
- 7. Readopt with amendment Den 303.03 describing the jurisprudence examination, by requiring the exam be provided either on a secure website provided by the OPLC or' if requested by the applicant, using pen and paper and requiring the passing score be 75%.

Part of this rule (Den 301.11 and Den 303.03) is scheduled to expire October 7, 2024, but are subject to extension pursuant to RSA 541-A:14-a.

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

These rules affect applicants for dental and dental hygienist licensure.

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

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

Name:	Tina M. Kelley	Title: Rules Coordinator
Mailing Address:	Office of Professional Licensure & Certification 7 Eagle Square Concord, NH 03301	Phone #:(603) 271-2855 Fax#: None E-mail: OPLC-Rules@op

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

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

8.		ission of materials in writing or, if practicable for Thursday, November 14, 2024 at 4:00 p.m.	or, if practicable for the agency, in the electronic 2024 at 4:00 p.m.	
	Fax	⊠ E-mail	Other format (specify):	

9.	Public	Public hearing scheduled for:					
		Date and Time:	Monday	, November 4, 202	24 at 9:00 a.m.		
		Physical Location:	7 Eagle	f Professional Lic Square 1, NH 03301	ensure and Certif	ication	
		Electronic Access (if applicable):	n/a				
10.	Fiscal I	mpact Statement (	Prepared b	y Legislative Budg	et Assistant):		
	FIS	# 24:1	94	, dated	9/17/20	024	
	<ol> <li>2.</li> <li>3.</li> </ol>	There is no  Cite the Feder  No federal  Cost and bene	difference  al mandat  mandate, n  fits of the	e. Identify the im to impact on state for proposed rule(s):	paring the propose pact on state fund ands.	ed rules to the existing	
		Hygienists. have been i	They also n effect sir	update the fees to	align with those est sulting in no cost o	tablished in Plc 1002 or benefits to State fur	.11, which
		A. To Star Non	_	or State special fu	nds:		
		B. To Sta		and political subd	ivisions:		
		C. To ind	_	y owned businesse	s:		
1. 5	Statemer	nt Relative to Part	I, Article 2	28-a of the N.H. Co	nstitution:		

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

## **Board of Dental Examiners**

## Den 300 various, Notice #2024-185 Summary of Comments on Initial Proposal with Board Responses November 4, 2024

## Background

The public hearing was held on November 4, 2024 at 9:30 a.m. No members of the public were present to provide testimony. Written testimony was due no later than November 14, 2024.

## **Public Comments**

No written or verbal comment was provided.

## Readopt with amendment Den 301.01, effective 4/19/22 (Document #13367), to read as follows:

tempe with amendment per course, excesses with the course with
Den 301.01 Application for Dental Hygienist Licensure.  [Edit* "provide and submit"]
(a) Each applicant for a license to practice dental hygiene in the state of New Hampshire shall complete and submit the "Universal Application for Initial Licensure" as required by Plc 304.01(a)(1).
(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":
Edit: remember to update the effective date on the forms when they are adopted
(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.  Edit period
(c) The applicant for licensure as a dental hygienist shall provide the following with the application for licensure:
(1) One of the following:  Edit: "board examination, which includes a clinical procedure components or a manikin examination;"
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;
(2) At least 3 "Statement of Professional Character" forms completed by at least one licensed dentist in good standing and at least one licensed dental hygienist in good standing if the applicant has previous dental employment. The dentist or dental hygienist shall sign and complete the "Statement of Professional Character" form within 4 months of the date of submission of the initial application which shall include:
a. Placing that applicant's 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;

**Unclear:** in (b)(2)b. above, the requirement is for the applicant to indicate if they have passed this examination or "other equivalent U.S. regional or state board including clinical procedure components or manikin examination". It is unclear if this alternative test was unintentionally missed here, or if the board is not going to accept an alternative test. If the latter, will need to adjust (b)(2)b. above to make that clear. If the forms, consider saying, "the American Board of Dental Examiners (ADEX) or other equivalent examination described in (b) (2)b., 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's name and complete address in the "Return this completed form to:" section;
- (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;
- (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);
- (6) An official copy of the applicant's school of dental hygiene transcript bearing the registrar's original signature and the school's seal;
- (7) The applicant's original grade card denoting successful completion of the examination of the Joint Commission on National Dental Examinations and the American Board of Dental Examiners (ADEX):
- (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.
- (d) Applicants shall have successfully passed their regional boards and provide verification directly to OPLC from the CDCA or equivalent regional or state board showing that they have taken and passed the examination, including a clinical procedure component, within the 3 years immediately prior to submitting the application.

  [Edit: car just use the acronym "ADEX" here
- (e) 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 or manikin examination, with a passing score on each part of the examination and have documentation of successful completion sent directly to OPLC's office.
  - (f) An applicant shall be a graduate of a dental hygiene program which:
    - (1) Is of at least 2 academic years in duration;

- (2) Is accredited by CODA; and
- (3) Awards the minimum degree of Associates in Science with a major in dental hygiene.
- (g) When the required materials have been approved by the OPLC, the applicant shall take a 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.
  - (h) The passing score on the jurisprudence exam shall be 75% or higher.
- (i) After passage of the jurisprudence exam in (g) above, an active New Hampshire dental hygiene license shall be issued.

## Readopt with amendment Den 301.02, effective 4/19/22 (Document #13367), to read as follows:

Den 301.02 Application for Dental License.

Edit: "provide and submit"

- (a) Each applicant for a license to practice dentistry in the state of New Hampshire shall complete and submit the "Universal Application for Initial Licensure" required by Plc 304.01(a)(1).
- (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 Ligensure":
  - (1) Any other names by which the applicant has been known;

**Edit:** the form says "similar". Should use the same word to ensure consistency.

Whether the applicant has taken and passed the examinations of the:

Edit: can just use the acronym "ADEX" here

- 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; and
- (3) Has ever had a Drug Enforcement Administration (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.

  \*\*Edit: remove annotation formatting from the fixed text.\*\*
- (c) The following shall be submitted with the application for initial licensure:
  - (1) At least 3 "Statement of Professional Character" forms, as described in Den 301.01(c)(2), completed by at least 2 licensed dentists in good standing if the applicant has previous dental employment. The dentist shall sign and complete the "Statement of Professional Character" form within 4 months of the date of submission of the application;
  - (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;

Unclear: in (b)(2)b. above, the requirement is for the applicant to indicate if they have passed this examination or "other equivalent U.S. regional or state board including clinical procedure components or manikin examination". It is unclear if this alternative test was unintentionally missed here, or if the board is not going to accept an alternative test. If the latter, will need to adjust (b)(2)b. above to make that clear. If the forms, consider saying, "the American Board of Dental Examiners (ADEX) or other equivalent examination described in (b) (2)b., above;"

- (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;
- (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);
- (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 OPLC. An unofficial transcript and a diploma stamped with the dental school seal may be provided until the official transcript is ready;
- \[
   \] (7) The applicant's original grade card denoting successful completion of the examination of the Joint Commission on National Dental Examinations and the American Board of Dental Examiners (ADEX);
  - (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; and
  - (9) The fee required pursuant to Plc 1002.11.

Edit: a citation to the rules that outline what will be considered substantially similar licensing requirements is needed here.

- (d) Applicants shall have successfully passed their regional boards and provide verification directly to OPLC from the CDCA or other equivalent U.S. regional or state board that the applicant has taken and passed the board clinical examination or manikin examination for dentists, including a clinical periodontal scaling component, within the 3 years immediately prior to submitting the application.
  - (e) Endorsement certification shall be considered for each applicant in accordance with RSA 310:17.
- (f) The education requirements specified in RSA 317-A:8 shall apply to all applicants for licensure under this section.
  - (g) An applicant shall be a graduate of a dental school general dentistry program which:
    - (1) Is of at least 2 academic years in duration;

Edit: delete the extra space

(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).

- (h) When the required materials have been approved by the OPLC, the applicant shall take a 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.
  - (i) The passing score on the jurisprudence exam shall be 75% or higher.
- (j) After passage of the jurisprudence exam in (h) and (i) above, the OPLC shall issue an active New Hampshire dental license.
- (k) 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 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 <a href="https://nhlicenses.nh.gov">https://nhlicenses.nh.gov</a> .
(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 10/9/20 (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/bchs/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	<del>- Fee</del>
-	
<u>Dentist</u>	-
Application and examination fee for dental license	\$200.00
Active dental registration fee	<del>\$365.00</del>
Inactive dental registration fee	<del>\$145.00</del>
Reinstatement fee for lapsed active dental license	<del>\$225.00</del>
Reinstatement fee for lapsed inactive dental license	\$ 35.00
Application to administer general anesthesia and sedation, per dentist and per location	\$ 35.00
-	-
Dental Hygienist	- *
Application and examination fee for dental hygienist license	\$100.00
Active dental hygienist registration fee	<del>\$165.00</del>
Inactive dental hygienist registration fee	\$ 65.00
Reinstatement fee for lapsed active dental hygienist license	<del>\$100.00</del>
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
	-
Certified Public Health Dental Hygienist (CPHDH)	-
Application for CPHDH certificate	\$ 25.00
Biennial certificate renewal fee for CPHDH	\$ 25.00
Reinstatement fee for lapsed CPHDH certification	\$ 25.00
	-
Expanded Function Dental Auxiliary (EFDA)	-
Application and certificate for EFDA	\$ <u>25.00</u> ]

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 Den 303.03, 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, 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.
  - (b) The examination shall be:
    - (1) Taken at home electronically on a secure website provided to the applicant by the 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

## **Board of Dental Examiners**

## Dental Hygienist Addendum to the Universal Application for Initial Licensure

Any other name by which the applicant has ever been known; and

Yes No

Have you taken and passed the Joint Commission on National Dental Examinations?

Have you taken and passed the 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?

# New Hampshire Board of Dental Examiners

# STATEMENT OF PROFESSIONAL CHARACTER

I am personally acquainted witha	nd			
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.				
Signature:				
Address:				
Printed Name: Occupation:				
License #:, State: Length of time I have known the applicant:				
Return this completed form to:				
Applicant's Name:				
Complete Mailing Address:				

#### **Board of Dental Examiners**

## Dentist Addendum to the Universal Application for Initial Licensure

Any other name by which the applicant has ever been known; and

Yes No

Have you taken and passed the Joint Commission on National Dental
Examinations?

Have you 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 clinical periodontal scaling
component or the manikin examination?

Have you ever had your 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;