



Minnesota Board of Dentistry

University Park Plaza, 2829 University Avenue SE, Suite 450
Minneapolis, MN 55414-3249 www.dentalboard.state.mn.us
Phone 612.617.2250 Toll Free 888.240.4762 Fax 612.617.2260
MN Relay Service for Hearing Impaired 800.627.3529

APPLICATION FOR DENTAL HYGIENE LICENSE RENEWAL

For Biennial Period _____ through _____

Name (First, M. Last)		License #:
Mailing Address		
City	State	Zip
County	Country	
Daytime Phone (Required)	Email	

Please follow the instructions on the reverse side to complete this application, and return your completed application to the address above. If you have any questions, please call the Board office at the number listed above. To **RENEW ONLINE** go to the Board's website: www.dentalboard.state.mn.us.

1. Please check the correct practice status below:	
<input type="checkbox"/>	Active Practice In State (Currently in clinical practice IN MINNESOTA).
<input type="checkbox"/>	Active Practice Out State (Currently in clinical practice OUTSIDE MINNESOTA).
<input type="checkbox"/>	Active Not Practicing In State (Currently not in clinical practice IN MINNESOTA).
<input type="checkbox"/>	Active Not Practicing Out State (Currently not in clinical practice OUTSIDE MINNESOTA).
2. Are you current in Healthcare Provider CPR*?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Renewal Fee (includes \$11.80 OET Surcharge**) - Due Date: Last Day of your Birth Month	\$129.80
4. Notice of Late Fee: If your correctly completed application and renewal fee are not received or <u>postmarked</u> by the due date, add a \$29.50 late fee .	\$
5. You will receive one renewal certificate automatically.	
• I would like an additional _____ duplicate certificate(s)@ \$10 each	\$
• I would like _____ duplicate license(s)@ \$35 each	\$
6. Total Amount Enclosed: Make your check or money order payable to: Minnesota Board of Dentistry	\$

REQUIRED	
_____	(_____) _____
<i>Signature</i>	<i>Daytime phone</i>

VOLUNTARY TERMINATION ONLY

I no longer intend to maintain my license and hereby voluntarily terminate it. I understand that if I terminate my license, no renewal fee is required and my authority to practice dental hygiene in Minnesota ends.

Signature: _____ Date: _____

--INSTRUCTIONS--

1. Your completed renewal application and renewal fee must be received or legibly postmarked on or before **the due date**. A penalty fee will be applied to all **incomplete** applications if not received or legibly postmarked on or before the due date. Mail your completed application and proper fee to the address in the letterhead.
 2. Applications are **incomplete** unless all required information **including signature** and the correct fee are received or legibly postmarked on or before the due date.
 3. If you use one check to pay for more than one renewal, **ALL** renewal applications must be complete **including signatures** or **ALL** renewal applications will be returned. The penalty fee will apply on **ALL** renewals if they are not returned or legibly postmarked on or before the due date.
 4. Applications are **incomplete** when checks are not honored by your bank. Pursuant to Minnesota Statutes section 332.50, there will be a \$20 service charge on all checks not honored by your bank. Checks should be made payable to the Minnesota Board of Dentistry. Foreign checks should state the fee in *U.S. dollars*. **DO NOT SEND CASH BY MAIL.**
 5. Failure to apply for renewal of your license/registration or to voluntarily terminate your license/registration may result in the termination of your license/registration.
 6. Minnesota law requires you to inform the Board of name and/or address changes in writing within thirty (30) days of a change. If you have a name change, you need to complete and notarize the name change form ([located on Board website](#)).
 7. Minnesota Statutes, section 13.41, subdivision 2, item B requires a licensee/registrant to provide a telephone number at which the licensee/registrant can be contacted in connection with the license/registration.
 8. Under the Minnesota Data Practices Act, an application accepted by the Board becomes a public record.
- * "CPR" refers to a comprehensive course for a health care provider that includes: cardiopulmonary resuscitation on an adult, child, and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction; and automated external defibrillation. A CPR certificate shall be obtained through the American Heart Association health care provider course, the American Red Cross professional rescuer course, or an equivalent course.
- ** A law passed by the 2009 Minnesota Legislature, initiated by the Minnesota Office of Enterprise Technology (OET), assessed a surcharge on licenses to cover the costs to create and implement a statewide electronic licensing system (e-Licensing Project). Despite that this service is duplicating systems that the Board of Dentistry already has in place; OET will be funding this multimillion dollar project through licensing surcharges. The surcharge amount is 10 percent of the licensee's renewal fee with a minimum of \$5 and maximum of \$150; and will be collected from July 1, 2009, through June 30, 2015. (Minnesota Session Laws 2009, Chapter 101, Article 2, Section 59)

To renew on-line you must:

- Have an active dentist, dental hygiene or dental assistant license.
- Have an active VISA, Master Charge or Discover credit card.

Dental Hygienist Workforce Survey 2012-2013



The Office of Rural Health and Primary Care collects this information for the Department of Health as **required by Minnesota Statutes**, sections 144.051-144.052 and *Minnesota Rules* 4695.0100-4695.0300. This survey supports health workforce planning efforts in Minnesota and helps direct resources to resolve identified shortages.

Your responses to the survey will not affect your renewal. This information is classified as public. However, *Minnesota Statutes*, section 144.1485, allows you to request that your practice addresses be classified as private if this classification is required for your safety. If you need assistance filling out this form, please call (651) 201-3838 or Toll Free (800) 366-5424.

Section A: General Information	
Dental Hygienist license number: _____	
First Name _____ Middle Initial _____ Last Name _____	
Section B: Training and Professional Information	
1. What entry-level education did you obtain to prepare to work as a dental hygienist?	
<input type="checkbox"/> Certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate	
2. Did you receive this dental hygienist degree/certification from a program of study in Minnesota?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you planning to advance your professional training by enrolling in a dental therapist program? (select one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
4. If you are currently practicing as a dental hygienist in Minnesota, how many more years do you plan to practice in Minnesota? <input type="checkbox"/> 0-5 years ●————→ <input type="checkbox"/> 6-10 years <input type="checkbox"/> More than 10 years <input type="checkbox"/> Not currently practicing as a dental hygienist in Minnesota	If you answered "0-5 years" what is the main reason you expect to not be practicing in Minnesota? <input type="checkbox"/> Retirement <input type="checkbox"/> Work in another state <input type="checkbox"/> Change professions <input type="checkbox"/> Other (specify) _____
5. In the past 12 months, did you <u>volunteer</u> your time to provide dental hygienist services?	
<input type="checkbox"/> Yes; estimated hours in the past 12 months _____ <input type="checkbox"/> No	
6. Which of the following choices best describes your current employment status (Check only ONE)?	
<input type="checkbox"/> Employed in a paid position (clinical or non-clinical) requiring a dental hygiene license <input type="checkbox"/> Employed in another field, but seeking work as a dental hygienist <input type="checkbox"/> Employed in another field and not seeking work as a dental hygienist <input type="checkbox"/> Unemployed, but seeking work as a dental hygienist <input type="checkbox"/> Unemployed and not seeking work as a dental hygienist <input type="checkbox"/> Not currently working due to family or medical reasons <input type="checkbox"/> Retired <input type="checkbox"/> Student (specify major) _____	<div style="font-size: 2em; margin-bottom: 10px;">}</div> Please continue to question 7 <div style="font-size: 2em; margin-bottom: 10px;">}</div> Please continue to questions 17 & 18

Prepared by the Minnesota Department of Health, Office of Rural Health and Primary Care
 (651) 201-3838 or Toll Free (800) 366-5424
www.health.state.mn.us/divs/orhpc

Please return this form with your license renewal.

Section C: Employment Information

7. How many hours do you work as a dental hygienist in a typical week? _____ (On average)

8. How many hours would you LIKE TO WORK as a dental hygienist in a typical week? _____ (On average)

Site One

Please provide the following information about the site where you work the most hours weekly in a job requiring a dental hygienist license.

9. Facility name (clinic, hospital, etc.): _____
 Street Address _____ City _____ State ____ Zip code _____

10. How many years have you worked at this location? _____

11. How many hours do you work in a TYPICAL WEEK at this location? _____ (On average)

12. Which of the following categories best describes the location where you work the most hours? (Check only one)

<input type="checkbox"/> Solo private practice	<input type="checkbox"/> Hospital	<input type="checkbox"/> Long term care facility
<input type="checkbox"/> Sm. group private practice (2-4 dentists)	<input type="checkbox"/> College or university	<input type="checkbox"/> Institution (e.g. group home or prison)
<input type="checkbox"/> Lg. group private practice (5+ dentists)	<input type="checkbox"/> Community or medical clinic	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> School clinic	

Site Two

If you work at more than one site that requires a dental hygienist license, please provide the following information about the site where you work the second most hours weekly.

13. Facility name (clinic, hospital, etc.): _____
 City _____ State _____ Zip _____

14. What percentage of your time do you spend in the following activities each week (on average)?

Activity	Percent
Patient Care	_____ %
Administration	_____ %
Teaching	_____ %
Consulting	_____ %
Utilization Review	_____ %
Other (specify) _____	_____ %
Total	100%

Intentionally Left Blank

15. Are you practicing under a written collaboration agreement with one or more Minnesota licensed dentists, based on the "Limited Authorization for Dental Hygienists" law (MN Stat. 150A.10, Subd. 1a)?

Yes
 No
 Don't know

16. Do you perform any expanded restorative functions provided for in MN Stat. § 150A.10, Subd. 4?

Yes
If yes, which function(s) do you perform?
 place, contour, or adjust amalgam restorations.
 place, contour, or adjust glass ionomers.
 place, contour or adjust class I and class V supragingival composite restorations.
 adapt and cement stainless steel crowns.

No

Section D: Race and Ethnicity

17. Are you of Hispanic, Latino or Spanish origin?

Yes
 No

18. How do you identify your race?

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Other (specify) _____

Please return this form with your license renewal.