

# REGISTRATION RENEWAL ADDENDUM

# DENTISTRY/DENTAL HYGIENE

**Continuing Education:** Every dentist and dental hygienist registered to practice in New York State must complete approved continuing education courses for each triennial registration period. The required number of hours for dentists is calculated at the rate of 1.25 hours per month through June 30, 2008 with at least 0.667 completed through "live" courses and at the rate of 1.667 for each month beginning July 1, 2008 with at least 0.7 completed through "live" courses. Dentists renewing their registration on or after January 1, 2002, are required to complete two hours of coursework and training, on a one-time basis, in the oral health effects of tobacco and tobacco products as part of the mandatory continuing education requirement. The required number of hours for dental hygienists is calculated at the rate of 0.667 hours per month with at least 0.583 completed through "live" courses. Dentists and dental hygienists are exempt from the requirement for the first 3 years following **initial** licensure. Each licensee must maintain documentation of completion of required coursework for a period of six (6) years and be subject to audit by the New York State Education Department. Do not send any continuing education documents with this application unless requested to do so. Answers to frequently asked questions regarding continuing education may be found on our Web site at [www.op.nysed.gov/dent.htm](http://www.op.nysed.gov/dent.htm).

## THE FOLLOWING INSTRUCTIONS ARE ONLY FOR THOSE INDIVIDUALS WHO HAVE NOT MET THE CONTINUING EDUCATION REQUIREMENT

Individuals who have **NOT** met the continuing education requirement **MUST** choose one of the following options and return this form with their Registration Renewal Document and fee (if required). Your signature indicates agreement with the terms of the option that you have selected.

1.  I do not intend to practice in New York State during the period indicated on the Registration Renewal Document, and am requesting that my registration be placed in an **INACTIVE STATUS**.

As long as your registration remains inactive, you are not responsible for either the registration fee or the continuing education requirement. If you intend to resume practicing in New York State, you must meet certain continuing education requirements **prior to reactivating your registration**. You may not practice dentistry or dental hygiene in New York State if you are not registered.

Name (please print) \_\_\_\_\_ License number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

2.  I request a **CONDITIONAL REGISTRATION**.

Conditional registrations are not automatic and may be issued at the Department's discretion. A conditional registration, if granted, is valid for one year and cannot be renewed or extended. You may request a conditional registration for a one-year period if you agree to:

- pay the full registration fee for the one-year conditional registration;
- complete the continuing education hours you are lacking from your previous registration period;
- complete the regular continuing education requirement prorated for the one-year conditional registration period, and, at the end of the conditional registration period,
- provide proof of course completion and pay the required registration fee for the remaining two years of your registration when the conditional registration expires.

Prior to the end of the one-year conditional registration period, you will be sent a Registration Renewal Document that you must complete and submit with the fee and proof of course completion before you will receive a registration for the remaining two years. **Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.**

Name (please print) \_\_\_\_\_ License number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

I request an **ADJUSTMENT** to the continuing education requirements for registration

Adjustments to the continuing education requirement may be granted by the Department for reasons of health documented by an appropriate health care professional, extended active duty with the armed forces of the United States, or other good cause. A written explanation documenting the circumstances which prevent compliance with Education Law must be included with this form.

Adjustments are only made to the type of courses that are applicable.

An adjustment **WILL NOT** result in fewer hours being required **NOR** will it result in an exemption from the continuing education requirement.

Name (please print) \_\_\_\_\_ License number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

**IF YOU HAVE NOT MET THE CONTINUING EDUCATION REQUIREMENT OR ARE REQUESTING AN ADJUSTMENT, SUBMIT THIS FORM WITH YOUR REGISTRATION RENEWAL DOCUMENT AND APPROPRIATE FEE (IF REQUIRED) IN THE ENVELOPE PROVIDED.**

Please make a copy of this form and retain it for your records.

If you need additional information, please contact:

State Board for Dentistry  
New York State Education Department  
89 Washington Avenue, Second Floor  
Albany, NY 12234-1000

Telephone: 518-474-3817 ext. 550

Fax: 518-473-0567

E-mail: [dentbd@mail.nysed.gov](mailto:dentbd@mail.nysed.gov)