



DENTAL ASSISTANTS RENEWAL APPLICATION

DENTAL RENEWAL BEGINS ON OCTOBER 2, 2015 REGISTRATIONS EXPIRE DECEMBER 31, 2017

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HRLA's toll-free Customer Service line Monday through Friday, 8:15AM to 4:40PM EST at 1-877-672-2174. A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Carefully review all demographic information in this section. Please make all name, address, SSN, and birth date corrections in Sections 4 and 5 on Page 2.

Preferred mailing address: License Number: \*SSN: Birth date: Other Address: Phone: Fax: E-mail:

\*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (HORA), applicants are required to provide a Social Security Number (SSN) on licensure applications.

SECTION 2. SPECIAL INSTRUCTIONS

THE STATE & FBI CRIMINAL BACKGROUND CHECKS (CBC) ARE NOT REQUIRED FOR THIS RENEWAL PERIOD

Submit renewal application and application fee (\$75.00), payable to DC Treasurer

Late Renewal: Applications submitted after December 31st must include \$85.00 late fee; After March 2nd, you will be required to apply for reinstatement of your license. You may reinstate your license within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must meet the Board's requirements to reapply.

There are no requirements for Continuing Education.

Photos Will Not Be Required: If you don't currently have a picture on your pocket registration, submit two (2) identical, recent passport photographs. On the back of the photos write your full name and either your registration or Social Security Number.

Online Renewal Instructions: To renew your registration online go to: www.hpla.doh.dc.gov. Enter your Social Security Number and Last Name, then go to the next screen and enter your User ID and Password.

Keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify the BOD of any address change within 30 days of the change. You may send address changes to the address below. This will help ensure that you receive your next renewal notice in a timely manner.

SECTION 3. REGISTRATION RENEWAL AND FEES – Select the type of action you wish to take for your license.

Table with columns for action type, fee amount, and quantity. Includes options for Renewal fee, Paid Inactive Status, Late fee, Cancel license, Duplicate Licenses, and Reactivate.

Make check or money order payable to DC Treasurer and mail to: Department of Health/HPLA - Board of Dentistry P.O., Box 37801 Washington, D.C. 20013 Phone: 1-877-672-2174; Fax: 202-724-8471 www.hpla.doh.dc.gov \* Email: doh.cbcu@dc.gov

Total Enclosed \$ \_\_\_\_\_ .00

Notes: \* If you cancel your license, you must sign and return this renewal application. You may not practice in the District of Columbia until you re-apply as a new license applicant and are approved by the DC Health Regulations and Licensing Administration for a new license. Upon approval, you will be issued a new license number. \* If the licensee is deceased, please return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased.



