

<h2 style="margin: 0;">Regulatory Analysis Form</h2> <p style="margin: 0;">(Completed by Promulgating Agency)</p> <p style="margin: 0;"><small>(All Comments submitted on this regulation will appear on IRRC's website)</small></p>		<p style="margin: 0;">INDEPENDENT REGULATORY</p> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0; font-size: 1.2em;">OCT 29 2020</p> <p style="margin: 0;">Independent Regulatory Review Commission</p>
<p>(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Dentistry</p>		
<p>(2) Agency Number: 16A Identification Number: 4634</p>		
<p>(3) PA Code Cite: 49 Pa. Code § 33.3 and 33.339</p>		<p>IRRC Number: 3277</p>
<p>(4) Short Title: Fees</p>		
<p>(5) Agency Contacts (List Telephone Number and Email Address):</p> <p>Primary Contact: Jackie Wiest Lutz, Board Counsel, State Board of Dentistry, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 717-787-0251) jlutz@pa.gov</p> <p>Secondary Contact: Jacqueline A. Wolfgang, Acting Senior Regulatory Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 717-787-0251)</p>		
<p>(6) Type of Rulemaking (check applicable box):</p> <p><input checked="" type="checkbox"/> PROPOSED REGULATION</p> <p><input type="checkbox"/> Final Regulation</p> <p><input type="checkbox"/> Final Omitted Regulation</p>		<p><input type="checkbox"/> Emergency Certification Regulation:</p> <p><input type="checkbox"/> Certification by the Governor</p> <p><input type="checkbox"/> Certification by the Attorney General</p>
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p>The State Board of Dentistry ("Board") amends § 33.3 (relating to fees) and rescinds § 33.339 (relating to fees for issuance of permits) to read as set forth in Annex A. The proposed rulemaking provides for graduated application fees increases for: dentists; dental facility fictitious names; dental hygienists; expanded function dental assistants (EFDA); unrestricted, restricted I and restricted II anesthesia permits; local anesthesia permits; public health dental hygienists practitioners (PHDHP); EFDA program approval; criteria approval – dentists; criteria approval – dental hygienists; and criteria approval – EFDAs. The proposed rulemaking also adds a graduated application fee for a restricted faculty license.</p> <p>The rulemaking also implements graduated biennial renewal fee increases for dentists, dental hygienists, EFDAs, anesthesia-unrestricted, anesthesia-restricted I, anesthesia-restricted II anesthesia permits, dental hygienist local anesthesia permits, PHDHP, EFDA education program approval, and restricted faculty licenses.</p>		

The biennial renewal fees will increase by 18% for each renewal cycle commencing in the April 1, 2021-March 31, 2023 biennial renewal period and continuing through the April 1, 2025-March 31, 2027 biennial renewal period. The proposed rulemaking would increase application fees and biennial renewal fees in order to produce adequate revenue to meet projected expenditures, as required by The Dental Law (act) (63 P.S. § 123(b)).

(8) State the statutory authority for the regulation. Include specific statutory citation.

Section 3(o) of the act authorizes the Board to adopt, promulgate and enforce such rules and regulations as may be deemed necessary by the Board and proper to carry into effect the powers conferred by the act. Section 4(a) of the act (63 P.S. § 123(a)) provides that the fee for an applicant for examination and licensure to practice dentistry or as a dental hygienist or certification for an EFDA in this Commonwealth shall be fixed by the Board by regulation. Section 4(b) of the act, 63 P.S. § 123(b), requires the Board to increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties imposed under the act are not sufficient to meet expenditures over a two-year period. The Board's authority to impose an application fee for a restricted faculty applicant is section 11.11(a)(7) of the act, 63 P.S. § 130/(a)(7), which provides that an applicant for a restricted faculty license shall pay a fee in the same amount as is prescribed by the Board for licensure to practice dentistry. Additionally, under section 11.11(d) of the act (63 P.S. § 130/(d)), to renew a restricted faculty license, a licensee must pay a biennial renewal fee in the same amount as the fee prescribed by the Board for renewal of licensure to practice dentistry.

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

Yes. Section 4(b) of the act mandates a fee increase when expenditures outpace revenue. Section 4(a) of the act (63 P.S. § 123(a)) provides that the fee for an applicant for examination and licensure to practice dentistry or as a dental hygienist or certification for an expanded function dental assistant (EFDA) in this Commonwealth shall be fixed by the Board by regulation. Section 11.11(a)(7) of the act (63 P.S. § 130/(a)(7)) provides that an applicant for a restricted faculty license shall pay a fee in the same amount as is prescribed by the Board for licensure to practice dentistry. Additionally, under section 11.11(d) of the act (63 P.S. § 130/(d)), to renew a restricted faculty license, a licensee must pay a biennial renewal fee in the same amount as the fee prescribed by the Board for renewal of licensure to practice dentistry.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The act requires the Board to set fees by regulation so that revenues meet or exceed expenditures. The general operating expenses of the Board are borne by the licensee population through revenue generated by application fees and the biennial renewal of licenses. Expenses for applications are based upon the actual 2019 processing fee for each respective application. Through this proposed

regulation, the cost of providing the service of processing applications will be more accurately apportioned to users of this service.

In March and November 2019, representatives from the Bureau of Finance and Operations (BFO) met with the Board and provided summaries of the Board's revenue and expenses through FY 2025-2026. BFO reported that in FY 2017-2018 the Board began with a revenue balance of \$1,230,886.86; however, in this same FY, the Board incurred \$2,175,906.70 in expenses, resulting in a deficit of (\$573,799.20) to carry forward to the 2018-19 FY. In 2019 (a "renewal year,") the Board collected revenues totaling \$3,530,770.47 and incurred \$2,378,734.70 in expenses. This provided a positive balance of \$578,236.57 to carry forward to FY 2019-20. However, BFO anticipates that with FY 2019-20 being a non-renewal year, the Board will receive only \$346,314.44 in revenue, while continuing to accrue expenses totaling \$2,397,000. This will result in a deficit of \$1,472,448.99 to carry forward to FY 2020-2021. Because FY 2021 is a renewal year, BFO projects that the Board will collect revenue totaling \$3,379,000. However, the Board's total expenditures for FY 2020-21 are projected to be \$2,450,000, resulting in a deficit to carry forward to FY 2021-22 of \$543,448.99. With no change in the fee structure, BFO projects that with projected revenue and expenses, taking into consideration renewal years, the Board will have a deficit of \$2,666,134.55 by the end of FY 2021-2022; a deficit of \$1,811,134.55 by the end of FY 2022-23; a deficit of \$4,007,820.11 by the end of FY 2023-24; a deficit of \$3,228,820.11 by the end of FY 2024-25; and a mounting deficit of \$7,797,505.67 by the end of FY 2025-26.

Based on BFO's summaries, the Board's revenue is insufficient to meet expenditures over a two-year period. It is therefore necessary for the Board to raise fees to meet or exceed projected expenditures, in compliance with section 4(b) and (c) of the act. To accomplish that objective, BFO recommended increased application fees that are reflective of actual costs to process applications in each biennium, and an 18% renewal fee increase for each renewal cycle commencing with the April 1, 2021 – March 31, 2023 biennial renewal and continuing through FY 2025-2026. The last time the Board approved a renewal fee increase was in July of 2012, which was effective for the April 2015 renewal period.

Based upon the financial information that BFO presented to the Board on March 15, 2019 and November 15, 2019, the Board adopted the new schedule of fees set forth in accompanying Annex A. The increased fees are projected to produce sufficient revenue to meet expenditures over a two-year period through FY 2025-26. In FY 2020-21 through FY 2021-22, with the fee increase, the Board's revenue of approximately 4.764 million will be sufficient to meet its expenditures of approximately 4.764 million. In FY 2022-23 through FY 2023-24, the Board's revenue of approximately 5.571 million will be sufficient to meet its expenditures of approximately 4.907 million. By the end of FY 23-24, the Board's deficit will decrease to (\$808,448.99). In FY 2024-25 through FY 2025-26, the Board's revenue of approximately 6.518 million will be sufficient to meet its expenditures of approximately 5.054 million. By the end of FY 2025-26, the Board will have a positive balance of \$655,551.01. Thus, the proposed fee structure will allow the Board to meet expenditures over a two-year period as required by Section 4(b) of the act, 63 P.S. § 123(b) and will put the Board back on firm financial ground.

All initial applicants will be subjected to increased application fees. On average, the Board receives approximately 1,979 new applications annually from its various licensee type. Based upon the number of applications received in prior years, the Board anticipates receiving applications

from the various license types as follows: 175 anesthesia restricted II permits applications are received annually; 75 dental facility (fictitious name) applications are received; 30 anesthesia unrestricted permit applications are received; 425 dental hygienist local anesthesia applications are received; 95 PHDHPs applications are received; 400 dental hygienist applications are received; 465 dental applications are received; 6 dental license applications by criteria approval are received; 275 EFDA applications are received; 2 EFDA education program applications are received; 3 license by criteria approval dental hygienist applications are received; 3 license by criteria approval EFDA applications are received; and 25 anesthesia restricted I permit applications are received.

The proposed amendments will also increase the biennial renewal fees for all license and permit types issued by the Board. There are currently 29,911 licensees and permit holders. Currently, the approximate number of current licensees for each licensure type is as follows: 9,958 dentists; 9,335 dental hygienists; 2,804 EFDAs; 393 anesthesia – unrestricted permit holders; 196 anesthesia – restricted I permit holders; 2,379 anesthesia – restricted II permit holders; 3,912 dental hygienist local anesthesia permit holders; 905 PHDHPs; 7 EFDA programs; and 22 restricted faculty license holders, that will be required to pay 18% higher fees every two years through FYs 2024-25 and 2025-26 to renew their licenses and permits when they expire on March 31, 2021.

The fee increases for application and biennial renewal fees will enable the Board to continue to create a small surplus in funds should there be any additional unknown financial impacts. The rulemaking will benefit every citizen of the Commonwealth in that it ensures the fiscal integrity of the Board so that it can carry out its mission. The costs to applicants and licensees are outweighed by the Board's duty to license and regulate the practice of dentistry in the public interest.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

There are no federal licensure standards for dentistry.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

A comparison of application fees and renewal fees charged by the current fee of surrounding states reveals that, even by comparing the highest of the Board's proposed increases, which will not be effective until FY 2025-26, Pennsylvania's application fees and renewal fees are still among the lowest and/or are in line with fees charged in many of the same or similar classifications. Thus, the Board does not believe the rulemaking will not put Pennsylvania at a competitive disadvantage with other states.

For dentists, effective 2025, the initial application fee in Pennsylvania will be \$282, with a biennial renewal fee of \$432. The initial application fee in Connecticut is *currently* \$565, with an annual renewal fee of \$575; the initial application fee in Delaware is *currently* \$312, with a biennial renewal fee of \$312; the initial application fee in Maine is *currently* \$481, with a biennial renewal fee of \$440; the initial application fee in Maryland is *currently* \$450, with a biennial renewal fee of \$586; the initial application fee in Massachusetts is *currently* \$660, with a biennial renewal fee of \$360; the initial application fee in New Hampshire is *currently* \$200, with a \$365 biennial renewal fee; the initial application fee in New Jersey is *currently* \$125, with a biennial renewal fee of \$390; the initial application fee in New York is *currently* \$377, with a triennial renewal fee of \$287; the initial application fee in Ohio is *currently* \$454, with a \$312 biennial renewal fee; the initial application fee in Rhode Island is *currently* \$965, with a corresponding biennial renewal fee of \$965; the initial application fee in Vermont is *currently* \$250, with a biennial renewal fee of \$575; and the initial application fee in West Virginia is *currently* \$185 with a corresponding \$185 annual renewal fee.

For dental hygienists, effective 2025, the initial application fee in Pennsylvania will be \$168, with a biennial renewal fee of \$70. The initial application fee in Connecticut is *currently* \$150.00, with an annual renewal fee of \$105; the initial application fee in Delaware is *currently* \$89, with a corresponding biennial renewal fee of \$89; the initial application fee in Maine is *currently* \$241, with a biennial renewal fee of \$140; the initial application fee in Maryland is *currently* \$275, with a biennial renewal fee of \$182; the initial application fee in Massachusetts is *currently* \$126, with a biennial renewal fee of \$60; the initial application fee in New Hampshire is *currently* \$100, with a biennial renewal fee of \$165; the initial application fee in New Jersey is *currently* \$75, with a biennial renewal fee of \$120; the initial application fee in New York is *currently* \$128, with a triennial renewal fee of \$88; the initial application fee in Ohio is *currently* \$180, with a biennial renewal fee of \$144; the initial application fee in Rhode Island is *currently* \$65, with a corresponding \$65 biennial renewal fee; the initial application fee in Vermont is *currently* \$175, with a biennial renewal fee of \$215; and the initial application fee in West Virginia is *currently* \$75 with a corresponding \$75 annual renewal fee.

Regarding EFDAs, Connecticut, Delaware, New Hampshire, Ohio and Rhode Island have no licensure classifications for EFDAs. Other states may use a different title for a dental assistant who is able to perform expanded functions, such as Licensed Dental Assistant, Registered Dental Assistant, Registered Dental Assistant with Expanded Functions, etc., so a comparison of application and biennial renewal fees for the EFDA and/or dental assistant classification is not reliable because each state is different and uses different nomenclature. Similarly, a comparison among the states of the fees charged for Anesthesia unrestricted, Anesthesia restricted I and Anesthesia Restricted II is not possible because these permits are an extension of the dental license in PA. The dynamics of what each of these permits allow a dentist to do in PA are not uniform among the states nor is the nomenclature that is used among the states.

A comparison among our surrounding states of application and renewal fees for dental hygienists who administer local anesthesia is also difficult because like Anesthesia unrestricted, Anesthesia restricted I and Anesthesia Restricted II permits, the dynamics of what dental hygienists are permitted to do under their dental hygienist license are not uniform among the states. In Pennsylvania, local anesthesia permits are optional to dental hygienists who desire to administer local anesthesia to patients in a dental office. In Delaware, dental hygienists are not permitted to administer local anesthesia. In New Hampshire, a permit of local anesthesia is an extension of the

dental hygienist license and remains active as long as the dental hygienist license remains active, with no renewal fee associated with the permit. Similarly, in West Virginia, a dental hygienist's permission to administer local anesthetic agents is associated with additional educational requirements and appears to be an extension of the dental hygienist license as it expires on the date the dental hygienist's license expires or is revoked or suspended. Connecticut and New Jersey are similar to New Hampshire and West Virginia in that these states require that dental hygienists must be qualified by education to administer local anesthesia, but no additional certification or license is issued. In Pennsylvania, effective 2025, the initial application fee will be \$60, with a biennial renewal fee of \$70. Maryland currently charges a one-time fee of \$50 for a dental hygienist to administer local anesthesia to a dental patient. There is no renewal requirement. Massachusetts charges a fee of \$30 for a dental hygienist local anesthesia permit. No online information is available as to whether this is a one-time fee or is renewable annually or biennially. In Vermont, dental hygienists may qualify for a special endorsement to administer local anesthesia by satisfying additional educational requirements, but no online information is available on whether the special endorsement is an extension of the dental hygienist license or an endorsement requiring a separate fee. Last, in Rhode Island, dental hygienists are given a two-year permit to administer local anesthesia, but no online information is available regarding fees associated with the permit or renewal thereof.

Criteria approval is a method to obtain a license – not a license type or classification. For example, in Pennsylvania, there are two ways to obtain a license– through criteria approval or by examination. Licensure by criteria approval is almost non-existent today, as it was used when licensees from another state took an exam that was administered by a testing agency/organization that was not recognized by the Board. Years ago, the Board originally accepted only The North East Regional Board of Dental Examiners, Inc. (NERB), now known as The Commission on Dental Competency Assessments (CDCA), as a testing agency. Today, the Board recognizes national and clinical examinations administered by various organizations, which are testing organizations that are recognized by most states.

For PHDHPs, effective 2025, the initial application fee in Pennsylvania will be \$95, with a biennial renewal fee of \$70. Only three of our surrounding states have a licensure classification for PHDHP – Maryland, New Hampshire, and Rhode Island. Maryland does not charge an initial application fee or a triennial renewal fee for PHDHPs. In New Hampshire, the initial application fee for PHDHPs is \$25, with a corresponding \$25 biennial renewal fee; the initial application fee in Rhode Island is \$65, with a corresponding \$65 biennial renewal fee.

Regarding the restricted faculty license, that fee is set by the act and must be the same fee as the fee for dentists. As indicated under the comparison of fees for dentists, Pennsylvania fees are among the lowest and/or are in line with fees charged by other states.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No. The regulation does not affect any other regulations of the agency or other state agencies.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

At the Board's November 15, 2019 meeting, the Board voted to adopt the new schedule of fees. Various members of the regulated community, including Sherri Myers, Hygienist, Professor at Northampton Community College, Morgan Plant, Government Relations Consultant, Pennsylvania Dental Hygienists' Association, Lisa Maisonet, President, Pennsylvania Dental Hygienists' Association, Rachel Coffee, RDH, MS, Director of Dental Health, Luzerne County Community College, Marisa Swarney, Director, Government Relations, Pennsylvania Dental Association, Ann Hart and Peter Ross, DMD, Lancaster Pediatric Dental Associates, P.C. and Pennsylvania Academy of Pediatric Dentistry, Angela M. Stout, D.M.D., M.P.H., Vice President of Pennsylvania Academy of Pediatric Dentistry, Barbara Reiprich, RDH, PHDHP, Pennsylvania Dental Hygienists' Association, Steve Neidlinger, CAE, Executive Director, Pennsylvania Academy of General Dentistry, and Joan Burke, CDA, EFDA, Pennsylvania Dental Assistant Association, were in attendance at this meeting. In addition, the Board sent an exposure draft of the proposed fee increase to interested parties and stakeholders on January 22, 2020 seeking input on the fee increase. The Board received responses from three stakeholders. The Dean of Temple University Kornberg School of Dentistry responded favorably to the fee increase. One dental practitioner expressed his frustration with the fee increase. Last, the EFDA Program Director for Harcum College noted that the EFDA program renewal fee went from \$100 to \$236 for April 1, 2021, which is more than double when all other increases are 18%. As this was an obvious error, the Board adjusted this fee to accurately reflect an 18% increase for each renewal cycle commencing in April 2021 and continuing through FY 2025-2026.

While the Board understands the frustration of the stakeholder regarding the fee increase, the Board is statutorily mandated to increase fees by regulation if the projected revenues will not meet or exceed projected expenditures.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

All Board regulated practitioners will be affected by the fee increases. At the present time, there are 9,958 actively licensed dentists; 9,335 actively licensed dental hygienists; 2,804 certified EFDAs; 393 anesthesia – unrestricted permit holders; 196 anesthesia – restricted I permit holders; 2,379 anesthesia -restricted II permit holders; 3,912 dental hygienist local anesthesia permit holders; 905 PHDHPs; 7 EFDA education programs; and 22 restricted faculty license holders. In addition, all applicants for a license, certificate or permit issued by the Board will be affected by the fee increases. The Board processes about 1,979 applications a year.

According to the Small Business Administration (SBA), as of 2018, there were approximately one million businesses in Pennsylvania of which 99.6% are small businesses. Most businesses in Pennsylvania are therefore considered small businesses. According to the Pennsylvania Department of Labor and Industry, in 2016, most dentists, dental hygienists and dental assistants worked in offices of dentists and/or were self-employed (90%). A small number work in state or federal government, offices of physicians, and outpatient care centers. All restricted faculty

licensees work at one of the three universities in the Commonwealth that has a dental school (the University of Pittsburgh, Temple University and the University of Pennsylvania). With regard to EFDA educational programs, most of these programs are offered by community colleges or vocational or technical and trade schools.

For the business entities listed above, small businesses are defined in Section 3 of the Regulatory Review Act (71 P.S. §745.3), which provides that a small business is defined by the SBA's Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American Industry Classification System (NAICS). In applying the NAICS standards to the types of businesses where dentists, dental hygienists and EFDAs work, a small business classified under NAICS code 621210 (offices of dentists) is one with \$8.0 million or less in average annual receipts. Colleges, universities and professional schools (NAICS code 611310) are considered small businesses if they have \$30.0 million or less in average annual receipts. Because these three universities each have annual operating budgets over a billion dollars, none of the 20 restricted faculty licensees work for small businesses. With regard to community or junior colleges (611210), a small business is one that 22.0 million or less in average annual receipts. Vocational or technical and trade schools (611519) are considered small businesses if they have \$16.5 or less in average annual receipts. The Board does not collect data relating to business size, but believes that, with the exception of the restricted faculty licensees, the vast majority of dentists, dental hygienists and EFDAs work in "small businesses" as the term is defined by the SBA and the Regulatory Review Act. Regarding junior or community colleges, vocational, or technical and trade schools, the Board does not know the sizes of schools that would offer EFDA educational programs; however, it is likely that many of them would be small businesses.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

All initial applicants will be required to comply with this rulemaking. On average, the Board receives approximately 1,979 new applications annually from its various licensee type. Based upon the number of applications received in prior years, the Board anticipates receiving applications from the various license types as follows: 175 anesthesia restricted II permits applications; 75 dental facility (fictitious name) applications are received; 30 anesthesia unrestricted permit applications; 425 dental hygienist local anesthesia applications; 95 PHDHPs applications; 400 dental hygienist applications; 465 dental applications are received; 6 dental license applications by criteria approval; 275 EFDA applications; 2 EFDA education program applications; 3 license by criteria approval dental hygienist applications; 3 license by criteria approval EFDA applications; and 25 anesthesia restricted I permit applications.

Additionally, all current licensees will be required to comply with the increased biennial renewal fees. There are currently 29,911 licensees and permit holders. Currently, the approximate number of current licensees for each licensure type is as follows: 9,958 dentists; 9,335 dental hygienists; 2,804 EFDAs; 393 anesthesia – unrestricted permit holders; 196 anesthesia – restricted I permit holders; 2,379 anesthesia – restricted II permit holders; 3,912 dental hygienist local anesthesia permit holders; 905 PHDHPs; 7 EFDA programs; and 22 restricted faculty license holders, that will be required to pay 18% higher fees commencing in the April 1, 2021-March 31, 2023 biennial

renewal period and continuing through the April 1, 2025-March 31, 2027 biennial renewal period.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The amendments will increase the application and biennial renewal fees for licensees of the Board as follows:

APPLICATION FEE INCREASE:

Approximately 1,979 applicants will be impacted annually by the application fee increase:

465 Dentists

FY 20-21: The fee increase (\$200 to \$235) will generate an additional \$16,275 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$16,275 in application fees.

FY 22-23: The fee increase (\$235 to \$260) will generate an additional \$11,625 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$11,625 in application fees.

FY 24-25: The fee increase (\$260 to \$282) will generate an additional \$10,230 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$10,230 in application fees.

400 Dental Hygienists

FY 20-21: The fee increase (\$75 to \$140) will generate an additional \$26,000 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$26,000 in application fees.

FY 22-23: The fee increase (\$140 to \$154) will generate an additional \$5,600 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$5,600 in application fees.

FY 24-25: The fee increase (\$154 to \$168) will generate an additional \$5,600 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$5,600 in application fees.

275 Expanded Function Dental Assistants (EFDAs)

FY 20-21: The fee increase (\$75 to \$110) will generate an additional \$9,625 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$9,625 in application fees.

FY 22-23: The fee increase (\$110 to \$120) will generate an additional \$2,750 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$2,750 in application fees.

FY 24-25: The fee increase (\$120 to \$132) will generate an additional \$3,300 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$3,300 in application fees.

30 Anesthesia Unrestricted

FY 20-21: The fee increase (\$100 to \$150) will generate an additional \$1,500 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$1,500 in application fees.

FY 22-23: The fee increase (\$150 to \$165) will generate an additional \$450 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$450 in application fees.

FY 24-25: The fee increase (\$165 to \$180) will generate an additional \$450 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$450 in application fees.

25 Anesthesia Restricted I

FY 20-21: The fee increase (\$100 to \$150) will generate an additional \$1,250 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$1,250 in application fees.

FY 22-23: The fee increase (\$150 to \$165) will generate an additional \$375 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$375 in application fees.
FY 24-25: The fee increase (\$165 to \$180) will generate an additional \$375 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$375 in application fees.

175 Anesthesia Restricted II

FY 20-21: The fee increase (\$15 to \$65) will generate an additional \$8,750 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$8,750 in application fees.
FY 22-23: The fee increase (\$65 to \$71) will generate an additional \$1,050 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$1,050 in application fees.
FY 24-25: The fee increase (\$71 to \$78) will generate an additional \$1,225 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$1,225 in application fees.

425 Dental Hygienist Local Anesthesia

FY 20-21: The fee increase (\$20 to \$50) will generate an additional \$12,750 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$12,750 in application fees.
FY 22-23: The fee increase (\$50 to \$55) will generate an additional \$2,125 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$2,125 in application fees.
FY 24-25: The fee increase (\$55 to \$60) will generate an additional \$2,125 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$2,125 in application fees.

95 Public Health Dental Hygiene Practitioners (PHDHP)

FY 20-21: The fee increase (\$20 to \$80) will generate an additional \$5,700 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$5,700 in application fees.
FY 22-23: The fee increase (\$80 to \$88) will generate an additional \$760 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$760 in application fees.
FY 24-25: The fee increase (\$88 to \$95) will generate an additional \$665 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$665 in application fees.

2 Expanded Function Dental Assistant (EFDA) Education Program

FY 20-21: The fee increase (\$200 to \$315) will generate an additional \$230 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$230 in application fees.
FY 22-23: The fee increase (\$315 to \$345) will generate an additional \$60 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$60 in application fees.
FY 24-25: The fee increase (\$345 to \$378) will generate an additional \$66 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$66 in application fees.

9 Restricted Faculty Licenses

FY 20-21: The fee increase (\$200 to \$235) will generate an additional \$315 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$315 in application fees.
FY 22-23: The fee increase (\$235 to \$260) will generate an additional \$225 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$225 in application fees.
FY 24-25: The fee increase (\$260 to \$282) will generate an additional \$198 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$198 in application fees.

75 Dental Facility Fictitious Name

FY 20-21: The fee increase (\$35 to \$65) will generate an additional \$2,250 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$2,250 in application fees.

FY 22-23: The fee increase (\$65 to \$71) will generate an additional \$450 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$450 in application fees.
FY 24-25: The fee increase (\$71 to \$78) will generate an additional \$525 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$525 in application fees.

6 Criteria Approval – Dentists

FY 20-21: The fee increase (\$200 to \$235) will generate an additional \$210 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$210 in application fees.
FY 22-23: The fee increase (\$235 to \$260) will generate an additional \$150 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$150 in application fees.
FY 24-25: The fee increase (\$260 to \$282) will generate an additional \$132 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$132 in application fees.

3 Criteria Approval – Dental Hygienists

FY 20-21: The fee increase (\$75 to \$140) will generate an additional \$195 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$195 in application fees.
FY 22-23: The fee increase (\$140 to \$154) will generate an additional \$42 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$42 in application fees.
FY 24-25: The fee increase (\$154 to \$168) will generate an additional \$42 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$42 in application fees.

3 Criteria Approval – Expanded Function Dental Assistants (EFDA)

FY 20-21: The fee increase (\$75 to \$140) will generate an additional \$195 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$195 in application fees.
FY 22-23: The fee increase (\$140 to \$154) will generate an additional \$42 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$42 in application fees.
FY 24-25: The fee increase (\$154 to \$168) will generate an additional \$42 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$42 in application fees.

Total Economic Impact to Applicants

Based upon the application fee increases, the total economic impact per fiscal year is as follows:

FY 20-21:	\$85,245
FY 21-22:	\$85,245
FY 22-23:	\$25,704
FY 23-24:	\$25,704
FY 24-25:	\$24,975
FY 25-26:	\$24,975

Total: \$271,848

BIENNIAL RENEWAL FEE INCREASE

Approximately 29,911 licensees will be impacted by the 18% Renewal Fee Increase, as follows:

9,958 Dentists

FY 20-21: The fee increase (\$263 to \$310) will generate an additional \$468,026 in revenue.

**FY 22-23: The fee increase (\$310 to \$366) will generate an additional \$557,648 in revenue.
FY 24-25: The fee increase (\$366 to \$432) will generate an additional \$657,228 in revenue.**

9,335 Dental Hygienists

**FY 20-21: The fee increase (\$42 to \$50) will generate an additional \$74,680 in revenue.
FY 22-23: The fee increase (\$50 to \$59) will generate an additional \$84,015 in revenue.
FY 24-25: The fee increase (\$59 to \$70) will generate an additional \$102,685 in revenue.**

2,804 Expanded Function Dental Assistants (EFDAs)

**FY 20-21: The fee increase (\$26 to \$31) will generate an additional \$14,020 in revenue.
FY 22-23: The fee increase (\$31 to \$37) will generate an additional \$16,824 in revenue.
FY 24-25: The fee increase (\$37 to \$44) will generate an additional \$19,628 in revenue.**

393 Anesthesia Unrestricted

**FY 20-21: The fee increase (\$210 to \$248) will generate an additional \$14,934 in revenue.
FY 22-23: The fee increase (\$248 to \$293) will generate an additional \$17,685 in revenue.
FY 24-25: The fee increase (\$293 to \$346) will generate an additional \$20,829 in revenue.**

196 Anesthesia Restricted I

**FY 20-21: The fee increase (\$210 to \$248) will generate an additional \$7,448 in revenue.
FY 22-23: The fee increase (\$248 to \$293) will generate an additional \$8,820 in revenue.
FY 24-25: The fee increase (\$293 to \$346) will generate an additional \$10,388 in revenue.**

2,379 Anesthesia Restricted II

**FY 20-21: The fee increase (\$53 to \$63) will generate an additional \$23,790 in revenue.
FY 22-23: The fee increase (\$63 to \$74) will generate an additional \$26,169 in revenue.
FY 24-25: The fee increase (\$74 to \$87) will generate an additional \$30,927 in revenue.**

3,912 Dental Hygienist Local Anesthesia

**FY 20-21: The fee increase (\$42 to \$50) will generate an additional \$31,296 in revenue.
FY 22-23: The fee increase (\$50 to \$59) will generate an additional \$35,208 in revenue.
FY 24-25: The fee increase (\$59 to \$70) will generate an additional \$43,032 in revenue.**

905 Public Health Dental Hygiene Practitioner (PHDHP)

**FY 20-21: The fee increase (\$42 to \$50) will generate an additional \$7,240 in revenue.
FY 22-23: The fee increase (\$50 to \$59) will generate an additional \$8,145 in revenue.
FY 24-25: The fee increase (\$59 to \$70) will generate an additional \$9,955 in revenue.**

7 Expanded Function Dental Assistant (EFDA) Education Program

FY 20-21: The fee increase (\$100 to \$118) will generate an additional \$126 in revenue.

**FY 22-23: The fee increase (\$118 to \$139) will generate an additional \$147 in revenue.
FY 24-25: The fee increase (\$139 to \$164) will generate an additional \$175 in revenue.**

22 Restricted Faculty

**FY 20-21: The fee increase (\$263 to \$310) will generate an additional \$1,034 in revenue.
FY 22-23: The fee increase (\$310 to \$366) will generate an additional \$1,232 in revenue.
FY 24-25: The fee increase (\$366 to \$432) will generate an additional \$1,452 in revenue.**

Total Economic Impact to Licensees

FY 20-21:	\$642,594
FY 22-23:	\$755,893
FY 24-25:	\$896,299
<hr/>	
TOTAL:	\$2,294,786

The Board does not expect this rulemaking to have any other financial, economic or social impact on individuals, businesses or labor communities or other public or private organizations. Small businesses will be impacted to the degree they elect to pay their employees' licensure fees.

This increase is necessary to ensure the fiscal integrity of the Board and to ensure that the Board's mandate to protect the health, safety and welfare of the public is carried out. The new fee structure for application fees is beneficial for licensees generally as the costs associated with each application will be paid by the applicant rather than distributed among the Board's licensees. Additionally, the Board's graduated fee approach is beneficial because the application fee increases are reflective of actual costs during each biennium and biennial renewal fees coincide more closely with the projected expenses for each biennium.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The increase is mandated by section 4(b) of the act, which requires the Board to increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties are not sufficient to meet expenditures over a two year period. The regulation benefits every citizen of the Commonwealth in that it will ensure the fiscal integrity of the Board and allow the Board to carry out its mission. The cost to the regulated community is outweighed by the Board's duty to license and regulate its licensees in the public interest and to protect the public health, safety and welfare.

(19) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

As reflected in the Board's response to question 17, the regulated community will incur additional costs as a result of the application and biennial renewal fee increases. By adding the costs for the application fee increases with biennial renewal fees per fiscal year, the Board estimates that the costs to the regulated community associated with implementation of these fee increases are

projected to be \$85,245 in FY 2020-21 (a non-renewal year); \$727,839 in FY 2021-22 (\$85,245 + 642,594 = \$727,839); \$25,704 in FY 2022-23 (a non-renewal year); \$781,597 in FY 2023-24 (\$25,704 + 755,893 = \$781,597); \$24,975 in FY 2024-25 (a non-renewal year); and \$921,274 in FY 2025-26 (\$24,975 + \$896,299 = \$921,274).

The Board does not anticipate additional administrative, legal, accounting or consulting costs to the regulated community by implementing the rulemaking. The proposed rulemaking will permit the Board to continue to fund the costs of its operations.

(20) Provide a specific estimate of the costs and/or savings to the local governments associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs or savings to local governments associated with compliance with the rulemaking.

(21) Provide a specific estimate of the costs and/or savings to the state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Board will incur a minimal cost to revise its online application forms and online renewal platform to indicate the increased fees, but the proposed rulemaking will permit the Board to recoup these costs. The Board will incur no other increase in administrative costs by implementing the rulemaking. There are no other costs or savings to state government associated with implementation of the rulemaking.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

The Board does not anticipate any legal, accounting, or consulting procedures or additional reporting, recordkeeping or other paperwork to be required for the implementation of the regulations.

(22a) Are forms required for implementation of the regulation?

Yes, the Board will need to revise its online application forms and online renewal platform to indicate the increased fees.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here.** If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

In October of 2016, the Bureau launched the Pennsylvania Licensing System (PALS), which provides for an online application and biennial renewal system. Most of the Board's applications and biennial renewals are in PALS.

In October of 2016, the Bureau launched the Pennsylvania Licensing System (PALS), which provides for an online application and biennial renewal system. Most of the Board's applications and biennial renewals are processed through PALS. For initial applications, because the Board no longer uses paper applications, the Board is attaching online "checklists" that correlate with each application. For biennial renewals, the Board has attached copies of biennial renewal forms that are reflective of the online content. *See, Attachment "A."*

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year (2020-21)	FY +1 Year (2021-22)	FY +2 Year (2022-23)	FY +3 Year (2023-24)	FY +4 Year (2024-25)	FY +5 Year (2025-26)
SAVINGS:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community	N/A	N/A	N/A	N/A	N/A	N/A
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	N/A	N/A	N/A	N/A	N/A	N/A
Total Savings	N/A	N/A	N/A	N/A	N/A	N/A
COSTS:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community	\$85,245	\$727,839	\$25,704	\$781,597	\$24,975	\$921,274
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	N/A	N/A	N/A	N/A	N/A	N/A
Total Costs	\$85,245	\$727,839	\$25,704	\$781,597	\$24,975	\$921,274
REVENUE LOSSES:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community	N/A	N/A	N/A	N/A	N/A	N/A
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	N/A	N/A	N/A	N/A	N/A	N/A
Total Revenue Losses	N/A	N/A	N/A	N/A	N/A	N/A

(23a) Provide the past three year expenditure history for programs affected by the regulation.

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Program	FY - 3 17-18 (Actual)	FY - 2 18-19 (Actual)	FY -1 19-20 (Actual)	FY 20-21 (Projected)
State Board of Dentistry	\$2,175,906.70	\$2,378,734.70	\$2,152,618	\$2,372,000

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
 - (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
 - (c) A statement of probable effect on impacted small businesses.
 - (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.
-
- (a) All “small businesses” as that term is defined by the Regulatory Review Act and the SBA, that employ licensees would be subject to the rulemaking. Please also see response to Question 15.
 - (b) There are no projected reporting or recordkeeping costs required for compliance. There are only negligible additional administrative costs required to revise online applications for increased fees.
 - (c) The probable effect on impacted small businesses may be an increase in application and biennial renewal fees for applicants or licensees employed by small businesses, should the businesses choose to pay these fees for employees. With regard to EFDA education programs, the impact will be directly on those providers offering those programs (junior colleges, vocational schools, or technical and trade schools); however, as indicated in question 17, the impact per biennium will not be substantial.
 - (d) The Board has evaluated and considered increasing fees since 2017. As previously discussed, the Board’s expenditures exceed its revenue. Section 4(b) of the act mandates a fee increase when expenditures outpace revenue. Thus, based upon the insufficient revenue

and continued reduction of remaining funds, the Board has determined that fee increases are the only way to sustain operations, insuring public health and safety.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

No groups with particular needs have been identified.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The Board considers the regulations to be the least burdensome and acceptable alternative, consistent with public health, safety and welfare. This increase is necessary to ensure the fiscal integrity of the Board and to assure that the Board's mandate to protect the health, safety and welfare of the public is carried out. The last time that the Board approved a biennial renewal fee increase was in July of 2012, which was effective for the April 2015 renewal period.

When BFO first alerted the Board that fee increases were necessary, the Board was looking at substantial increases in biennial renewal fees. The Board later decided to incorporate increased fees for application fees to reflect the current costs to process those applications. Additionally, the Board incorporated graduated fee increases for applications and biennial fees over the course of three biennial periods so that the fees for each biennium more accurately reflected the actual costs for each biennial period. At the Board's November 15, 2019 meeting, the Board adopted what it believed to be the least burdensome acceptable fee structure.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
 - b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
 - c) The consolidation or simplification of compliance or reporting requirements for small businesses;
 - d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
 - e) The exemption of small businesses from all or any part of the requirements contained in the regulation.
- a) & b) All applicants pay the application fees at the time the application is submitted, and all licenses renew biennially. The Board did not consider less stringent reporting requirements or deadlines for small businesses or for licensees who work for small businesses.**
- c) There are no compliance or reporting requirements that could be consolidated or simplified. The application and biennial renewal processes are the same whether a particular licensee or applicant is, or is employed by, a small business or a large business.**

- d) **The regulations do not contain design or operational standards that need to be altered for small businesses.**
- e) **To exclude any applicants or licensees from the requirements contained in the rulemaking based on the size of the business would not be consistent with public health and welfare because it would prevent the Board from obtaining adequate revenue to meet projected expenditures and it would not be able to carry out its legislative mandate.**

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

The Board relied on financial records of the Board presented by the BFO in adopting the new fees. See, Attachment "B." The Board and BFO relied, in part, on data contained in the Bureau's executive report on the Review of State Professional and Occupational Licensure Board Requirements and Processes. The report can be found at:

<https://www.dos.pa.gov/ProfessionalLicensing/Documents/EO2017-03-Executive-Report-Occupational-Licensing.pdf>

(29) Include a schedule for review of the regulation including:

- | | |
|--|--|
| A. The length of the public comment period: : | 30 days from publication in the PA Bulletin |
| B. The date or dates on which any public meetings or hearings will be held: No public hearings are scheduled. The proposal was discussed at the Board's public meeting on November 15, 2019 where various members of the regulated community were in attendance. In addition, the Board sent an exposure draft of the regulation to interested parties and stakeholders on January 22, 2020, seeking input on the proposed fee increase. Only one dentist expressed his frustration with the proposed increase in fees. | |
| C. The expected date of delivery of the final-form regulation: | Fall 2020 |
| D. The expected effective date of the final-form regulation: | Winter 2021 |
| E. The expected date by which compliance with the final-form regulation will be required: | Upon publication in the Pennsylvania Bulletin as Final. |

F. The expected date by which required permits, licenses or other approvals must be obtained:

N/A

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Board regularly evaluates the effectiveness of its regulations. Additionally, the Board regularly reviews requests by licensees and members of the public to amend its regulations causing the Board to evaluate the regulations' impact and necessity. The Board reviews all regulatory proposals at regularly scheduled meetings. The Board's remaining meeting date in 2020 is November 13, 2020. The Board's meeting dates for 2021 are: January 15, 2021, March 12, 2021, May 14, 2021, July 16, 2021, September 10, 2021 and November 19, 2021.

ATTACHMENT A

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dentist
 Obtained By: Examination

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$200.00 is required. Please note that all fees are non-refundable. \$235.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
Clinical Exam	Applicants who completed an accepted regional examination which would include ADEX, CDCA, CRDTS, CITA, SRTA or WREB must have their examination scores sent directly to the Board from the regional examination testing agency. Note: This would not apply to CDCA exam scores as they are accessible by the Board through CDCA's (formerly NERB) website.
CPR Certification	A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application.
Criminal History Check	Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the

CheckList Name	Instructions
	<p>Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Letter of Good Standing (LOGS)	<p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p>
National Examination	<p>You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.</p>
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information. *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191</p>

CheckList Name	Instructions
Record of Graduation	Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.
Resume/Curriculum Vitae	You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application.

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dentist
 Obtained By: Criteria Approval

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$200.00 is required. Please note that all fees are non-refundable. \$235.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
Clinical Exam	You must contact the State Board who administered a state specific clinical examination for licensure and have the respective state send your examination scores directly to the Board. The examination information should include the date of the exam, the specific components of the examination and the scores achieved for each component of the exam.
CPR Certification	A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components -- Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application.
Criminal History Check	Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the

CheckList Name	Instructions
	<p>Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Criteria Approval	<p>You must EITHER hold an active license to practice dentistry in another state AND must have completed a state specific clinical examination for licensure in that state; OR you must be licensed in another country whose standards for licensure are substantially equivalent to those under the law and regulations in this Commonwealth. <u>If you completed one of the regional examinations</u>, regardless of whether or not you are licensed in another state, <u>you should apply for licensure by examination</u>. Applicants who did not take one of the accepted regional examinations (ADEX, CDCA formerly NERB, CRDTS, CITA, SRTA or WREB) may apply by criteria approval and must fulfill the additional requirements as outlined.</p>
Criteria Approval-Licensure Requirements	<p>You must contact the licensing authority in the state, territory or country in which you are licensed and have the requirements for licensure in that jurisdiction sent directly to the Board. If submitting information from another country, it must be translated into English.</p>
Criteria Approval-Reciprocal State Certification/Letter	<p>If licensed in another state, you must contact the state licensing authority and have them send an official certification letter directly to the Board that states they will reciprocate with Pennsylvania applicants for licensure in that state on the basis of criteria approval.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Letter of Good Standing (LOGS)	<p>You must contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required.</p>

CheckList Name	Instructions
	The letter(s) must be sent directly to the Board from the respective licensing authority/authorities.
National Examination	You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.
Opioid CE	Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information. *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191
Record of Graduation	Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.
Resume/Curriculum Vitae	You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application.

Evaluation results:
 Board/Commission: Dentistry
 License Type: Anesthesia Permit-Unrestricted
 Obtained By: Application

CheckList Name	Instructions
ABOMS Candidate	An original letter from the American Board of Oral and Maxillofacial Surgeons verifying that you are a candidate for examination must be sent directly to the Board.
Anesthesia Advanced Training	The education form must be completed certifying to completion of at least two years in a post-graduate program for advanced training in anesthesiology in accordance with Board Regulations must be sent directly to the Board. The form will be available for download and printing once the application has been submitted.
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$100.00 is required. Please note that all fees are non-refundable. <div style="text-align: center;">\$ 150.00</div>
Clinical Eval/Office Inspection	Once an applicant for the Anesthesia Unrestricted Permit has completed the required clinical evaluation/office inspection, the results of the inspection must be submitted directly from PSOMS showing successful completion.
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of</p>

CheckList Name	Instructions
	Investigation (FBI) Identity History Summary Check, available at the link noted above.
Diplomate/Fellow	Current certification that you are a Diplomate of the American Board of Oral and Maxillofacial Surgeons, Fellow from the American Association of Oral Maxillofacial Surgeons or Fellow from the American Society of Dental Anesthesiology must be submitted directly to the Board.
Provisional Approval	Anesthesia Unrestricted permit holders will be provided with the necessary information to schedule the required clinical evaluation/office inspection through PSOMS once the application has been submitted, evaluated and completed.

Evaluation results:
 Board/Commission: Dentistry
 License Type: Anesthesia Permit-Restricted I
 Obtained By: Application

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization
Application Fee	An application fee of \$100.00 is required. Please note that all fees are non-refundable. \$150.00
Clinical Eval/Office Inspection	Once an applicant for the Anesthesia Restricted Permit I has completed the required clinical evaluation/office inspection, the results of the inspection must be submitted directly from PSOMS showing successful completion.
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside. AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Education Verification	Complete Section I of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form <u>directly</u> to the Board. The form will be available for download and printing once the application has been submitted.
Provisional Approval	Anesthesia Restricted Permit I holders will be provided with the necessary information to schedule the required clinical evaluation/office inspection through PSOMS once the application has been submitted, evaluated and completed.

Evaluation results:
 Board/Commission: Dentistry
 License Type: Anesthesia Permit-Restricted II
 Obtained By: Application

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$15.00 is required. Please note that all fees are non-refundable. \$65.00
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Education Verification	Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form <u>directly</u> to the Board. The form will be available for download and printing once the application has been submitted.
Office Equipment Certification	During the application process, you will be required to identify the make, model and serial number of the equipment you will utilize in the administration of nitrous oxide/oxygen analgesia in the Commonwealth of Pennsylvania and certify to its proper working order, proper calibration, that the equipment contains a fail-safe system and that you have written office procedures for administering nitrous oxide/oxygen analgesia and handling emergencies.

Evaluation results:

Board/Commission: Dentistry

License Type: Restricted Faculty License

Obtained By: Application

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$200.00 is required. Please note that all fees are non-refundable. \$ 235.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
CPR Certification	A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application.
Criminal History Check	Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks .

CheckList Name	Instructions
	Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.
Databank Report	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.
Faculty	The dean of an accredited dental school in this Commonwealth that is approved by the Commission on Dental Accreditation of the American Dental Association must complete the Faculty Appointment Certification form. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.
Letter of Good Standing (LOGS)	You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action (s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at:</p> <p>http://www.legis.state.pa.us/cfdocs/Legis/L1/uconsCheck.cfm?txtT\pc=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191</p>
Record of Graduation	Forward the Certification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to

CheckList Name	Instructions
	<p>the Board. The form will be available for download and printing once the application has been submitted.</p> <p>If you are a graduate of an unaccredited dental school, you must also present your education credentials to an approved education certification agency for evaluation. The education credential evaluation agency must verify that the education completed through the unaccredited dental school is equivalent to a US DMD/DDS degree. The report must be sent DIRECLTY to the Board from the evaluating agency.</p>
Record of Graduation-Certification of Graduation Form	<p>Forward the Certification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board. The form will be available for download and printing once the application has been submitted.</p>
Record of Graduation-Education Equivalency Evaluation Report	<p>If you are a graduate of an unaccredited dental school, you must also present your education credentials to an approved education certification agency for evaluation. The education credential evaluation agency must verify that the education completed through the unaccredited dental school is equivalent to a US DMD/DDS degree. The report must be sent DIRECLTY to the Board from the evaluating agency.</p>
Specialty Document	<p>The program director or other authorized person must complete the Specialty/Advanced Training Certification form verifying successful completion of a specialty dentistry program or advanced dental training in a clinical field that is approved by the Commission on Dental Accreditation of the American Dental Association. The program must return the completed form directly to the Board.</p>

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dental Hygienist
 Obtained By: Examination

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$75.00 is required. Please note that all fees are non-refundable. <div style="text-align: center; font-size: 1.2em;">\$ 140.00</div>
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
Clinical Exam	Applicants who completed an accepted regional examination which would include ADEX, CDCA, CRDTS, CITA, SRTA or WREB must have their examination scores sent directly to the Board from the regional examination testing agency. Note: This would not apply to CDCA exam scores as they are accessible by the Board through CDCA's (formerly NERB) website.
CPR Certification	A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application.
Criminal History Check	Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the

CheckList Name	Instructions
	<p>Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.
Letter of Good Standing (LOGS)	You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).
National Examination	You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.
Record of Graduation	Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.
Resume/Curriculum Vitae	You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application.

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dental Hygienist
 Obtained By: Criteria Approval

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$75.00 is required. Please note that all fees are non-refundable. \$140.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
Clinical Exam	You must contact the State Board who administered a state specific clinical examination for licensure and have the respective state send your examination scores directly to the Board. The examination information should include the date of the exam, the specific components of the examination and the scores achieved for each component of the exam.
CPR Certification	A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application.
Criminal History Check	Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the

CheckList Name	Instructions
	<p>Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Criteria Approval	<p>You must EITHER hold an active license to practice dentistry in another state AND must have completed a state specific clinical examination for licensure in that state; OR you must be licensed in another country whose standards for licensure are substantially equivalent to those under the law and regulations in this Commonwealth. <u>If you completed one of the regional examinations</u>, regardless of whether or not you are licensed in another state, <u>you should apply for licensure by examination</u>. Applicants who did not take one of the accepted regional examinations (ADEX, CDCA formerly NERB, CRDTS, CITA, SRTA or WREB) may apply by criteria approval and must fulfill the additional requirements as outlined.</p>
Criteria Approval-Licensure Requirements	<p>You must contact the licensing authority in the state, territory or country in which you are licensed and have the requirements for licensure in that jurisdiction sent directly to the Board. If submitting information from another country, it must be translated into English.</p>
Criteria Approval-Reciprocal State Certification/Letter	<p>If licensed in another state, you must contact the state licensing authority and have them send an official certification letter directly to the Board that states they will reciprocate with Pennsylvania applicants for licensure in that state on the basis of criteria approval.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Letter of Good Standing (LOGS)	<p>You must contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also</p>

CheckList Name	Instructions
	required. The letter(s) must be sent directly to the Board from the respective licensing authority/authorities.
National Examination	You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.
Record of Graduation	Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.
Resume/Curriculum Vitae	You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application.

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dental Hygienist Local Anesthesia
 Obtained By: Application

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$20.00 \$50.00 is required. Please note that all fees are non-refundable.
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Letter of Good Standing (LOGS)	You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letter(s) of good standing/verification of licensure in that state or jurisdiction. The letter must include the license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required.
Record of Graduation	Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Hygienist Local Anesthesia

Obtained By: Endorsement(Out of State)

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$20.00 is required. Please note that all fees are non-refundable. \$50.00
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Letter of Good Standing (LOGS)	You must contact the state board(s) where you hold a current license, permit or certificate to administer local anesthesia along with any other state board (s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent <u>directly</u> to the Board from the respective licensing board(s).

CheckList Name	Instructions
Resume/Curriculum Vitae	You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application.
State Certification	Applicants for the dental hygiene local anesthesia permit by endorsement must have the Certification of License/Permit form completed and sent directly to the Board from the state licensing board where you are currently licensed/permitted to administer local anesthesia. The form will be available for download and printing when the application is submitted.

Evaluation results:
 Board/Commission: Dentistry
 License Type: Public Health DH Practitioner
 Obtained By: Application

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$20.00 is required. Please note that all fees are non-refundable. \$ 80.00
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Employment Verification	Each dentist-employer must complete the Certification of Active Practice form certifying the number of hours and dates of employment that you practiced as a dental hygienist under his/her supervision. A minimum of 3,600 hours of active practice as a dental hygienist is required. The form must be completed and submitted <u>directly</u> from each dentist employer. The form will be available for download and printing once the application has been submitted.
Malpractice Insurance	You must upload either a copy of the insurance issued by the insurer or a copy of the declarations page of the professional liability insurance policy showing that you have obtained professional liability insurance or that you

CheckList Name	Instructions
	are a named insured covered by a group policy with a minimum amount of \$1,000,000 (one million) per occurrence and \$3,000,000 (three million) per annual aggregate. This information will need to be uploaded, where prompted, in order to submit your application.
Resume/Curriculum Vitae	You must submit a curriculum vitae(resume) of your practice activities since graduation from dental hygiene school through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment(month and year) and a description of the practice activity. If you did not practice during a specific time period, the timeframe should be documented as "no practice in dental hygiene". Your curriculum vitae must be uploaded to your online application in order to submit your application.

Evaluation results:
 Board/Commission: Dentistry
 License Type: Expanded Function Dental Asst
 Obtained By: Examination

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$75.00 is required. Please note that all fees are non-refundable. \$ 110.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
CPR Certification	A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application.
Criminal History Check	Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History

CheckList Name	Instructions
	<p>Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>The Certification of Education form must be completed by your education program and sent directly to the Board along with an official transcript. The required form is available for download upon submission of the application.</p>
Education Verification-DH Education 75 Hours	<p>Certification of education form and an official transcript must be submitted directly from an accredited dental hygiene program which required successful completion of at least seventy-five (75) hours of clinical and didactic instruction in restorative functions.</p>
Education Verification-EFDA Education 2 Years	<p>Certification of education form and an official transcript must be submitted directly from the Board-approved EFDA program at an accredited two-year college or other accredited institution, which offers an associate degree.</p>
Education Verification-EFDA Education 200 Hours	<p>Certification of education form and an official transcript must be submitted directly from the Board-approved EFDA program where you completed an EFDA program consisting of at least two hundred (200) hours of clinical and didactic instruction.</p>
ELIGIBLE FOR EXAM	<p>Once your application is complete, the Board will make you eligible to sit for the EFDA examination through PSI. You will receive email notification after you have been made eligible. The testing agency will then notify you directly on how to register for the exam.</p>
Exam Results	<p>Once you have successfully passed the EFDA examination, your certificate will be issued if your application is complete and all documents are current. Once exam scores are received by the Board from PSI, please allow approximately 7-10 business days for the processing of your application.</p>
Letter of Good Standing (LOGS)	<p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p>
Other Jurisdiction's Law & Regulations	<p>If you are licensed/certified to practice as an expanded function dental assistant in another state, territory or country, and wish to be considered on</p>

CheckList Name	Instructions
	the basis of substantial equivalency, provide evidence that the standards for licensure in the state, territory or country in which you hold a current and valid unrestricted license are substantially equivalent to those required under the act and this chapter. A copy of the Law and/or Rules and Regulations from the state, territory or country in which you are licensed must be submitted. If submitting information from another country, it must be translated into English.
Resume/Curriculum Vitae	If you have engaged in practice as an expanded function dental assistant since completion of your EFDA curriculum/graduation, you must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Note: This does not include your externship. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. If applicable, the curriculum vitae may be uploaded to your online application.

Evaluation results:

Board/Commission: Dentistry

License Type: Expanded Function Dental Asst

Obtained By: ~~Examination~~ **Criteria Approval**

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization.
Application Fee	An application fee of \$75.00 is required. Please note that all fees are non-refundable. \$110.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
CPR Certification	A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application.
Criminal History Check	Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History

CheckList Name	Instructions
	<p>Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>The Certification of Education form must be completed by your education program and sent directly to the Board along with an official transcript. The required form is available for download upon submission of the application.</p>
Education Verification-DH Education 75 Hours	<p>Certification of education form and an official transcript must be submitted directly from an accredited dental hygiene program which required successful completion of at least seventy-five (75) hours of clinical and didactic instruction in restorative functions.</p>
Education Verification-EFDA Education 2 Years	<p>Certification of education form and an official transcript must be submitted directly from the Board-approved EFDA program at an accredited two-year college or other accredited institution, which offers an associate degree.</p>
Education Verification-EFDA Education 200 Hours	<p>Certification of education form and an official transcript must be submitted directly from the Board-approved EFDA program where you completed an EFDA program consisting of at least two hundred (200) hours of clinical and didactic instruction.</p>
Exam Eligibility	<p>Once your application is complete, the Board will make you eligible to sit for the EFDA examination through PSI. You will receive email notification after you have been made eligible. The testing agency will then notify you directly on how to register for the exam.</p>
Exam Results	<p>Once you have successfully passed the EFDA examination, your certificate will be issued if your application is complete and all documents are current. Once exam scores are received by the Board from PSI, please allow approximately 7-10 business days for the processing of your application.</p>
Letter of Good Standing (LOGS)	<p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p>
Other Jurisdiction's Law & Regulations	<p>If you are licensed/certified to practice as an expanded function dental assistant in another state, territory or country, and wish to be considered on</p>

CheckList Name	Instructions
	<p>the basis of substantial equivalency, provide evidence that the standards for licensure in the state, territory or country in which you hold a current and valid unrestricted license are substantially equivalent to those required under the act and this chapter. A copy of the Law and/or Rules and Regulations from the state, territory or country in which you are licensed must be submitted. If submitting information from another country, it must be translated into English.</p>
<p>Resume/Curriculum Vitae</p>	<p>If you have engaged in practice as an expanded function dental assistant since completion of your EFDA curriculum/graduation, you must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Note: This does not include your externship. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. If applicable, the curriculum vitae may be uploaded to your online application.</p>

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dental Facility
 Obtained By: Application

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. If there are multiple office locations using this fictitious name, a separate application must be filed for each location.
Application Fee	An application fee of \$35.00 is required. Please note that all fees are non-refundable. \$35.00 \$65.00
Specialty Document	Any dentist practicing under a dental specialty must upload a copy of the certificate relating to their specialty training or certification.

APPLICATION FOR APPROVAL OF EXPANDED FUNCTION DENTAL ASSISTANT EDUCATION PROGRAM

Instructions

The following instructions will outline the steps necessary for approval of the EFDA program(s) offered by your institution. These instructions will assist you in the application process. Please follow the instructions in their entirety, as incomplete application submissions will result in the delay of approval of your program.

****If your institute offers multiple EFDA programs (i.e. Associates degree program and 200 hour certificate or diploma program) an application for each program must submitted for approval.**

APPLICATION CHECKLIST:

Fee:

- Submit a check or money order in the amount of ~~\$200.00~~ ^{\$315.00} made payable to the "Commonwealth of PA". Note: Do not send cash. Application fees are non-refundable. The check or money order must be drawn on a U.S. bank. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank regardless of the reason for non-payment.

Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, an updated application-processing fee will be required.

Pages 1 & 2:

- Provide the name and address of the institute, and if applicable, the department name and name and title of the individual responsible for processing correspondence from the Board.
- Provide the printed name and signature of the Program Director and the effective date for this title.
- List the name, license number, and brief job description for each faculty member associated with the EFDA program. Attach a detailed job description and curriculum vitae for each faculty member listed.
- Submit a copy of current certification as a certified dental assistant issued by the Dental Assisting National Board (DANB) for each faculty member associated with the EFDA program.
- The program director must certify page 2 of the application for each faculty member associated with the EFDA program certifying that he/she has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or that he/she will complete a course in educational methodology no later than 18 months after employment as a faculty member at which time verification must be submitted to the Board.

Page 3:

- Complete the form with the program accreditation information for EFDA program. In addition to the completed form, attach proof of accreditation for the EFDA program.

Page 4:

- The program director must complete and sign the Certification Statement regarding records retention.

Page 5:

- Follow the checklist on page 5 by attaching the required documentation for each bulleted item.

NOTE: ALL DOCUMENTS MUST BE SUBMITTED ON SINGLE-SIDED, 8 1/2" x 11" PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.

Below are the Board's Regulations relating to EFDA program approval:

§ 33.117. EFDA program approval.

(a) *Definitions.* The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Clinical evaluation—An evaluation system based on observation of a student's performance of clinical skills in contexts that resemble those the student will be expected to encounter as an expanded function dental assistant in a dental office.

Clinical instruction—A learning experience in a clinical setting where the student performs expanded functions on patients under the supervision of an instructor.

Clinical setting—

- (i) A setting in which expanded function dental assisting procedures are performed through direct patient care.
- (ii) The term does not include a setting where procedures are performed on typodonts, manikins or by other simulation methods.

Competencies—Statements describing the necessary requirements to perform each procedure in § 33.205a (relating to practice as an expanded function dental assistant) to the level required to meet the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Competent—Having sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Laboratory or preclinical instruction—A learning experience in which students perform expanded functions using study models, typodonts, manikins or other simulation methods under the supervision of the instructor.

(b) *Application.* EFDA programs shall apply for Board approval on forms to be provided by the Board and pay the fee in § 33.3 (relating to fees). The application must include the following information:

- (1) The EFDA program goals and objectives.
- (2) The criteria for measuring competencies.
- (3) Documentation of accreditation as required under section 3(d.1) of the act (63 P. S. § 122(d.1)).
- (4) The curriculum vitae and job description of the EFDA program director.
- (5) The curriculum vitae and job description of each faculty member assigned to the EFDA program.
- (6) A description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction.
- (7) A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities, if applicable.
- (8) Course outlines, course descriptions or syllabi for the EFDA program curriculum.
- (9) Other information related to the EFDA program requested by the Board.

(c) *Requirements for approval.* The Board will approve EFDA programs that meet the following requirements:

- (1) *Planning and assessment*

(i) The EFDA program shall delineate its program goals and objectives for preparing individuals in the expanded function dental assisting procedures in § 33.205a to a level consistent with the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(ii) The EFDA program shall develop specific criteria for measuring levels of competency for the procedures in § 33.205a which reflect the acceptable and prevailing standards and expectations of the dental community. Students shall be evaluated by faculty according to these predetermined criteria.

(iii) The EFDA program shall record and retain student clinical evaluations as documentation of student competency for a minimum of 5 years from the student's graduation or completion of the EFDA program.

(2) *Institutional accreditation.* The EFDA program shall comply with the accreditation requirements of section 3(d.1) of the act and § 33.102(c) (relating to professional education).

(3) *Program director.* The EFDA program shall identify a program director who is responsible for and involved in the following:

(i) Student selection.

(ii) Curriculum development and implementation.

(iii) Ongoing evaluation of program goals, objectives, content and outcomes assessment.

(iv) Annual evaluations of faculty performance including a discussion of the evaluation with each faculty member.

(v) Evaluation of student performance and maintenance of competency records for 5 years from graduation or completion of the EFDA program.

(vi) Participation in planning for and operation of facilities used in the EFDA program.

(vii) Evaluation of the clinical training and supervision provided in affiliated offices and off-campus facilities, as applicable.

(viii) Maintenance of records related to the EFDA program, including instructional objectives and course outcomes.

(ix) Instruction of licensed dentists overseeing off-campus clinical procedures performed by expanded function dental assistant students to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(4) *Faculty.* An EFDA program faculty member shall either be a dentist who holds a current license in good standing from the Board or meets the following criteria:

(i) Holds a current expanded function dental assistant certificate issued by the Board.

(ii) Has a minimum of 2 years of practical clinical experience as an expanded function dental assistant.

(iii) Holds National certification as a certified dental assistant issued by the Dental Assisting National Board.

(iv) Has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or complete a course in educational methodology no later than 18 months after employment as a faculty member.

(5) *Facilities and equipment.*

(i) The EFDA program shall provide physical facilities which provide space adequate to the size of its student body and sufficient to enable it to meet its educational objectives for laboratory, preclinical and clinical instruction.

(ii) The EFDA program shall provide equipment suitable to meet the training objectives of the course or program and shall be adequate in quantity and variety to provide the training specified in the course curriculum or program content.

(iii) If the EFDA program contracts for off-campus laboratory, preclinical or clinical instruction facilities, the following conditions must be met:

(A) There must be a formal written agreement between the EFDA program and the laboratory, preclinical or clinical facility.

(B) In off-campus clinical facilities, a licensed dentist shall oversee dental procedures performed on patients by EFDA program students. The licensed dentist shall receive instruction to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(iv) The standards in this paragraph are equally applicable to extramural dental offices or clinic sites used for clinical practice experiences, such as internships or externships.

(6) *Curriculum.* The curriculum of an EFDA program must consist of the following components:

(i) *General education.* The EFDA program shall include general education subjects as determined by the educational institution with a goal of preparing the student to work and communicate effectively with patients and other health care professionals.

(ii) *Dental sciences.* The EFDA program shall include content in general dentistry related to the expanded functions in section 11.10(a) of the act (63 P. S. § 130k(a)) and as set forth in § 33.205a, including courses covering the following topics:

(A) Dental anatomy.

(B) Occlusion.

(C) Rubber dams.

(D) Matrix and wedge.

(E) Cavity classification and preparation design.

(F) Bases and liners.

(G) Amalgam restoration.

(H) Composite restoration.

(I) Sealants.

(J) Crown and bridge provisional fabrication.

(K) Dental law and ethics.

(L) Coronal polishing.

(M) Fluoride treatments, including fluoride varnish.

(N) Taking impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience component.* The EFDA program shall include a minimum of 120 hours of clinical experience performing expanded function dental assisting procedures as an integral part of the EFDA program. The clinical experience component shall be designed to achieve a student's clinical competence in each of the expanded function dental assisting procedures in § 33.205a.

(7) *Demonstrating competency.*

(i) *General education.* Students of the EFDA program shall be required to demonstrate competency in general education subjects by attaining a passing grade on examinations.

(ii) *Laboratory and preclinical instruction.* Students in the EFDA program shall be required to demonstrate competency by attaining a score of at least 80% in laboratory and preclinical courses. Students shall be required to demonstrate the knowledge and skills required to:

(A) Carve the anatomy of all teeth.

(B) Establish proper contact areas, embrasures, marginal adaptation, as well as facial and lingual heights of contour to restore the proper tooth form and function in restorative materials commonly used for direct restorations, such as amalgam and composite resin.

(C) Apply the basic concepts and terms of occlusion and carving concepts in the restoration of proper occlusal relationships.

(D) Describe the problems associated with improper contouring of restorations.

(E) Identify and differentiate G.V. Black's cavity classifications.

(F) Select, prepare, assemble, place and remove a variety of matrices and wedges.

(G) Place and finish Class I—VI restorations with correct marginal adaptation contour, contact and occlusion.

(H) Assemble, place and remove rubber dams.

(I) Place sealants.

(J) Crown and bridge provisional fabrication.

(K) Understand the act and this chapter as they apply to an expanded function dental assistant's responsibilities.

(L) Perform coronal polishing

(M) Perform fluoride treatments, including fluoride varnish.

(N) Take impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience.* EFDA program students shall be evaluated and deemed clinically competent by at least one licensed dentist evaluator in a clinical setting. The EFDA program director shall instruct the dentist clinical evaluators regarding the required competencies to ensure consistency in evaluation. Clinical competency is achieved when the dentist evaluator confirms the student has sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(iv) *Documenting competency.*

(A) The EFDA program faculty and program director shall document the student's general education, preclinical and laboratory competency attainment.

(B) The licensed dentist evaluator shall document the student's clinical competency attainment prior to graduation from the EFDA program.

(C) The EFDA program director shall sign a statement certifying the student's competency attainment in general education, laboratory and preclinical instruction, and clinical experience to the Board as part of the student's application for certification as an expanded function dental assistant.

(D) The EFDA program shall retain supporting documentation evidencing the student's competency attainment for a minimum of 5 years from graduation or completion of the EFDA program.

(d) *Refusal or withdrawal of approval.* The Board may refuse to approve an EFDA program or may remove an EFDA program from the approved list if it fails to meet and maintain the requirements set forth in this section, in accordance with the following:

Rev. 04/2016

(1) The Board will give an EFDA program notice of its provisional denial of approval or of its intent to remove the program from the approved list.

(2) The notice will set forth the requirements that are not being met or maintained by the EFDA program.

(3) A program served with a provisional denial or notice of intent to remove will be given 45 days in which to file a written answer to the notice.

(4) The EFDA program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be refused or withdrawn.

(5) The Board will issue a written decision.

(6) The Board's written decision is a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(e) *Biennial renewal of EFDA program approval.* EFDA program approvals are renewable for a 2-year period beginning on April 1 of each odd-numbered year. An EFDA program shall apply for renewal of Board approval on forms provided by the Board and pay the fee for biennial renewal in § 33.3. Upon applying for renewal, the EFDA program shall update all of the information required under subsection (b)(1)—(9) or certify that there have not been changes to the EFDA program.

Authority

The provisions of this § 33.117 adopted under section 3(a), (b), (d.1)(1) and (e) of The Dental Law (63 P. S. § 122(a), (b), (d.1)(1) and (e)).

Source

The provisions of this § 33.117 adopted February 10, 2012, effective February 11, 2012, 42 Pa.B. 769.

CERTIFICATION OF PROGRAM DIRECTOR – COURSE IN EDUCATION METHODOLOGY
(Must be completed for each faculty member associated with the EFDA program except for licensed dentists)

CERTIFICATION STATEMENT

ONE of the following sections must be completed by the program director for each faculty member:

I, _____ certify that _____ has
(Name of Program Director – Please Print) (Name of faculty member – Please Print)

completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education at _____
(Name of accredited program – Please Print)

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

OR

I, _____ certify that _____ will
(Name of Program Director – Please Print) (Name of faculty member – Please Print)

complete a course in education methodology of at least 3 credits or 45 hours through an accredited institution of postsecondary education no later than 18 months after employment as a faculty member at this institution. I further certify that I will provide official certification to the Board upon completion of this course.

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

PROGRAM ACCREDITATION	
Check one*:	You must submit the required <u>PROOF OF ACCREDITATION</u> for the EFDA program as outlined below. (*If your school offers more than one method of EFDA education, an application for each type must be submitted.)
<p><u>2 Year Associate Degree</u></p> <p><input type="checkbox"/></p>	<p>Graduation from a Board-approved EFDA program at a 2-year college or other institution accredited or provisionally accredited by an accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation which offers an Associate Degree.</p> <p style="text-align: center;">Initial Accreditation Date: Next Accreditation Visit:</p> <p style="text-align: center;">_____ / ____ / _____ _____ / ____ / _____</p>
<p><u>200-Hour Certificate/Diploma</u></p> <p><input type="checkbox"/></p> <p style="text-align: center; margin-top: 20px;">Select the Accreditation method →</p>	<p>Completion of a Board-approved EFDA Program, which offers a certificate or diploma, consisting of at least 200 hours of clinical and didactic instruction from a dental assisting program accredited by one of the following:</p> <p><input type="checkbox"/> The Commission on Dental Accreditation (CODA) of the American Dental Association</p> <p style="text-align: center;">Initial Accreditation Date: Next Accreditation Visit:</p> <p style="text-align: center;">_____ / ____ / _____ _____ / ____ / _____</p> <p style="text-align: center; margin-top: 10px;">or</p> <p><input type="checkbox"/> An accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation whose expanded function educational standards are approved by the Board.</p> <p style="text-align: center;">Initial Accreditation Date: Next Accreditation Visit:</p> <p style="text-align: center;">_____ / ____ / _____ _____ / ____ / _____</p>

CERTIFICATION STATEMENT – RECORDS RETENTION

I, _____ certify
Name of Program Director – Please Print

that _____ records and retains
Name of EFDA Program – Please Print

student clinical evaluations as documentation of student competency for a minimum of 5 years from the student's graduation or completion of the EFDA program as directed by 49 Pa. Code § 33.117(c)(1)(iii).

Signature of EFDA Program Director

Name of EFDA Program

Address

City State Zip

EFDA PROGRAM INFORMATION

Attach to this application the following documentation:

- EFDA program Goals and Objectives**
- Specific Criteria for measuring competencies**
- Description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction**
- A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities**
- Course outlines, course descriptions or syllabi for the EFDA program curriculum**
- If necessary, other documentation related to the EFDA program requested by the Board**

ALL DOCUMENTS ABOVE MUST BE SUBMITTED TO THE BOARD ON 8 1/2" X 11" SINGLE SIDED PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Dentist - DS

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- NAME CHANGE – Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name

Current (New) Name

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	If "YES" to questions 2 THROUGH 11 – provide details AND attach certified copies of legal document(s).
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If "Yes" List the profession and state or jurisdiction here →
		2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to a voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a professional license certificate permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, plead guilty or pled contumacious), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare third party payer or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had your practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university or research facility with violating research protocols, falsifying research or engaging in other research misconduct?
		11. Since your initial application or your last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Have you completed 2 hours of Board-approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		13. Do you hold current valid CPR certification in Infant, Child and Adult CPR? Courses for CPR certification must be obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. Note: Online CPR courses are not acceptable to fulfill this requirement.
		14. Do you practice dentistry in the Commonwealth of Pennsylvania?
		15. If yes, do you maintain the required professional liability insurance?

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 30 credit hours of continuing education during the period from April 1, 2017 to March 31, 2019 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. **NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.**
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, 2017 and March 31, 2019. (No exemption from Act 31 c.e. requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Certificate Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be practicing dentistry in Pennsylvania after March 31, 2019, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

- I will not be practicing dentistry in Pennsylvania after March 31, 2019.

EXPIRATION DATE: →	March 31, 2019 <small>NOTE: Upon renewal the license will expire March 31, 2021</small>
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$263.00 \$310.00
<p>Write your license number on your payment. <i>A \$10.00 fee will be assessed for returned payments.</i></p> <p>LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2019</p>	

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Restricted Faculty - RFD

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- NAME CHANGE – Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

_____ Prior Name

_____ Current (New) Name

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	If "YES" to questions 2 THROUGH 11 – provide details AND attach certified copies of legal documents.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If "Yes" List the profession and state or jurisdiction here →
		2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to a voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a professional license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, plead guilty or pled contumacious), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payer or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had your practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university or research facility with violating research protocols, falsifying research or engaging in other research misconduct?
		11. Since your initial application or your last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Have you completed 2 hours of Board-approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		13. Do you hold current valid CPR certification in Infant, Child and Adult CPR? Courses for CPR certification must be obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. Note: Online CPR courses are not acceptable to fulfill this requirement.
		14. Since your initial application or your last renewal, whichever is later, are you still employed as a faculty member at the designated dental school?
		15. Do you maintain the required professional liability insurance?

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 30 credit hours of continuing education during the period from April 1, 2017 to March 31, 2019 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study.
NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4811.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Certificate Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be practicing as a restricted faculty member in a Pennsylvania dental school after March 31, 2019, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

- I will not be practicing as a restricted faculty member in a Pennsylvania dental school after March 31, 2019.

EXPIRATION DATE: →	March 31, 2019 NOTE: Upon renewal the license will expire March 31, 2021
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$26.10 \$310.00
<p>Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.</p> <p>LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2019</p>	

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

**RENEWAL APPLICATION
Anesthesia Unrestricted Permit - DA**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERMIT NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- NAME CHANGE – Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name _____

Current (New) Name _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	Note: Your permit cannot be renewed unless you have met all requirements below.
		1. Have you successfully completed the clinical evaluation/office inspection through PSOMS within the last six (6) years? Note: It is the responsibility of the permit holder to maintain a current clinical evaluation/office inspection within the allotted six (6) year period. Failure to maintain a current clinical evaluation/office inspection subjects you to disciplinary action.
		2. Have you completed 15 credit hours of Board-approved c.e. in courses related to general anesthesia, deep sedation and/or conscious sedation during the biennial period? Note: ACLS/PALS certification cannot be counted towards the 15 credit hours required for the biennial renewal of your anesthesia permit.
		3a. Do you treat adult patients utilizing general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia?
		3b. If YES, do you have current ACLS certification?
		4a. Do you treat pediatric patients utilizing general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia?
		4b. If YES, do you have current PALS certification?

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania after March 31, 2019, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee, clinical evaluation/office inspection, ACLS/PALS certification or 15 hours of continuing education is required to maintain inactive status.

I will not be administering general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia after March 31, 2019.

EXPIRATION DATE: →	March 31, 2019 NOTE: Upon renewal the permit will expire March 31, 2021
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$210.00 \$248.00
<p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19.</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2019</p>	

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

STATE BOARD OF DENTISTRY

RENEWAL APPLICATION Anesthesia Restricted Permit I - DP

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PERMIT NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE -- The address above is a new address and not on file with the Board.
- NAME CHANGE -- Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name

Current (New) Name

THE FOLLOWING QUESTIONS MUST BE ANSWERED -- CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	Note: Your permit cannot be renewed unless you have met all requirements below.
		1. Have you successfully completed the clinical evaluation/office inspection through PSOMS within the last six (6) years? Note: It is the responsibility of the permit holder to maintain a current clinical evaluation/office inspection within the allotted six (6) year period. Failure to maintain a current clinical evaluation/office inspection subjects you to disciplinary action.
		2. Have you completed 15 credit hours of Board-approved c.e. in courses related to conscious sedation during the biennial period? Note: ACLS/PALS certification cannot be counted towards the 15 credit hours required for the biennial renewal of your anesthesia permit.
		3a. Do you treat adult patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia?
		3b. If YES, do you have current ACLS certification?
		4a. Do you treat pediatric patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia?
		4b. If YES, do you have current PALS certification?

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania after March 31, 2019, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee, clinical evaluation/office inspection, ACLS/PALS certification or 15 hours of continuing education is required to maintain inactive status.

I will not be administering conscious sedation and/or nitrous oxide/oxygen analgesia after March 31, 2019.

EXPIRATION DATE: →	March 31, 2018 NOTE: Upon renewal the permit will expire March 31, 2021
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$210.00 \$248.00
<p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019</p>	

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Anesthesia Restricted Permit II - DN

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY STATE ZIP CODE PERMIT NUMBER _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- NAME CHANGE - Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name _____

Current (New) Name _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED -- CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	Note: Your permit cannot be renewed unless you have met all requirements below.
		1. Since your initial application or your last renewal, whichever is later, has the make, model and serial number of any nitrous equipment that you utilize changed? Note: If "YES", please document the information below. If additional space is required, please provide the additional information on a separate 8 1/2 x 11 sheet of paper. a) Make: _____ b) Model: _____ c) Serial Number: _____
		2. Is the equipment in proper working order?
		3. Is the equipment properly calibrated?
		4. Does the equipment contain a fail-safe system?
		5. Do you have written office procedures for administering nitrous oxide/oxygen analgesia and handling emergencies related to the administration of nitrous oxide/oxygen analgesia?

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering nitrous oxide/oxygen analgesia in Pennsylvania after March 31, 2019, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee or equipment is required to maintain inactive status.

I will not be administering nitrous oxide/oxygen analgesia after March 31, 2019.

EXPIRATION DATE: →	March 31, 2019 NOTE: Upon renewal the permit will expire March 31, 2021
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$53.00 \$ 63.00
<p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019</p>	

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Dental Hygienist - DH

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- NAME CHANGE – Submit a photocopy of a legal document verifying the same change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name _____

Current (New) Name _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	If "YES" to questions 2 THROUGH 7 – provide details AND attach certified copies of legal document(s).
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If "Yes" List the profession and state or jurisdiction here →
		2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to a voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a professional license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled contumacious), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		8. Do you hold current valid CPR certification in Infant, Child and Adult CPR? Courses for CPR certification must be obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. Note: Online CPR courses are not acceptable to fulfill this requirement.

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 20 credit hours of continuing education during the period from April 1, 2017 to March 31, 2019 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, 2017 and March 31, 2019. (No exemption from Act 31 requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Certificate Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be practicing dental hygiene in Pennsylvania after March 31, 2019, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

I will not be practicing dental hygiene in Pennsylvania after March 31, 2019.

EXPIRATION DATE: →	March 31, 2019 NOTE: Upon renewal the license will expire March 31, 2021
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$42.00 \$ 50.00
<p>Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.</p> <p>LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019</p>	

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Dental Hygiene Local Anesthesia Permit - DHA

Return to:
State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME

STREET ADDRESS

CITY STATE ZIP CODE

PERMIT NUMBER

EMAIL

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
NAME CHANGE - Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name

Current (New) Name

THE FOLLOWING QUESTIONS MUST BE ANSWERED - CHECK "YES" OR "NO" FOR EACH QUESTION

Table with 2 columns: YES, NO. Row 1: Note: Your permit cannot be renewed unless you have met the requirement below.
Row 2: 1. Have you completed 3 credit hours of Board-approved continuing education in courses related to the administration of local anesthesia, including pharmacology or other related courses during the biennial period? Note: The 3 credit hours can be credited towards the continuing education requirement for the renewal of the license to practice dental hygiene.

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering local anesthesia in Pennsylvania after March 31, 2019, you may place your local anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee or continuing education is required to maintain inactive status.

I will not be administering local anesthesia after March 31, 2019.

EXPIRATION DATE: →	March 31, 2019 NOTE: Upon renewal the permit will expire March 31, 2021
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$42.00 \$50.00
<p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019</p>	

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Public Health Dental Hygiene Practitioner - PHDH

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME

STREET ADDRESS

CITY STATE ZIP CODE

CERTIFICATION NUMBER

EMAIL

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
NAME CHANGE - Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name

Current (New) Name

THE FOLLOWING QUESTIONS MUST BE ANSWERED - CHECK "YES" OR "NO" FOR EACH QUESTION

Table with 2 columns (YES, NO) and 2 rows of questions regarding continuing education and professional liability insurance.

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character.

Signature of Certificate Holder (Mandatory): Date:

INACTIVE STATUS

If you will not be practicing as a public health dental hygiene practitioner in Pennsylvania after March 31, 2019, you may place your certification on inactive status by checking the box below. The form must be completed in its entirety. No fee or continuing education is required to maintain inactive status.

I will not be practicing as a public health dental hygiene practitioner after March 31, 2019.

EXPIRATION DATE: →	March 31, 2019 NOTE: Upon renewal the certification will expire March 31, 2021
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$42.00 \$ 50.00
<p>Write your certification number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19</p> <p>PRACTICING ON AN EXPIRED CERTIFICATION MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW CERTIFICATION BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2019</p>	

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Expanded Function Dental Assistant - DF

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CERTIFICATE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- NAME CHANGE -- Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name _____

Current (New) Name _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	If "YES" to questions 2 THROUGH 7 – provide details AND attach certified copies of legal document(s).
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? <i>(If "Yes" List the profession and state or jurisdiction here →)</i>
		2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to a voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a professional, license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled contemners), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		8. Do you hold current valid CPR certification in Infant, Child and Adult CPR? Courses for CPR certification must be obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. Note: Online CPR courses are not acceptable to fulfill this requirement.

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 10 credit hours of continuing education during the period from April 1, 2017 to March 31, 2019 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. Expanded function dental assistants must complete 3 of the 10 required hours of continuing education in the area of coronal polishing. **This is not required if you met this requirement during the previous biennial period. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, 2017 and March 31, 2019. (No exemption from Act 31 requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

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Signature of Certificate Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be practicing as an expanded function dental assistant in Pennsylvania after March 31, 2019, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

I will not be practicing as an expanded function dental assistant in Pennsylvania after March 31, 2019.

EXPIRATION DATE: →	March 31, 2019 NOTE: Upon renewal the certificate will expire March 31, 2021
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$26.00 \$31.00

Write your certificate number on your payment. A \$20.00 fee will be assessed for returned payments.

LATE FEE - \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19

PRACTICING ON AN EXPIRED CERTIFICATE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

**TO ENSURE YOU RECEIVE YOUR NEW CERTIFICATE BEFORE IT EXPIRES
RETURN BY: MARCH 1, 2019**

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION EFDA Program – DFP 200 Hour Program

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	If "YES" to any of the questions, please submit a written letter of explanation outlining the changes.
		1. Since your initial application or your last renewal, whichever is later, has the location of the EFDA program documented above changed?
		2. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's goals and objectives, the criteria for measuring competency, and/or the record retention policy?
		3. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's faculty reported to the Board?
		4. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's facilities and equipment reported to the Board?
		5. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's curriculum?
		6. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's director position?

VERIFICATION OF INFORMATION

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Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of EFDA Program Director (Mandatory): _____ Date: _____

EXPIRATION DATE: →	March 31, 2019 NOTE: Upon renewal the license will expire March 31, 2021
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$100.00 100.00 \$236.00
<p>Write the EFDA program license number on the payment. A \$20.00 fee will be assessed for returned payments.</p> <p>LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19</p> <p>OPERATING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p>	

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

**RENEWAL APPLICATION
EFDA Program - DFP
2 Year Program**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED - CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	If "YES" to any of the questions, please submit a written letter of explanation outlining the changes.
		1. Since your initial application or your last renewal, whichever is later, has the location of the EFDA program documented above changed?
		2. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's goals and objectives, the criteria for measuring competence, and/or the record retention policy?
		3. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's faculty reported to the Board?
		4. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's facilities and equipment reported to the Board?
		5. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's curriculum?
		6. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's director position?

VERIFICATION OF INFORMATION

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Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of EFDA Program Director (Mandatory): _____ Date: _____

EXPIRATION DATE: →	March 31, 2019 NOTE: Upon renewal the license will expire March 31, 2021
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$100.00 \$ 236.00
Write the EFDA program license number on the payment. A \$28.00 fee will be assessed for returned payments.	
LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19	
OPERATING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	

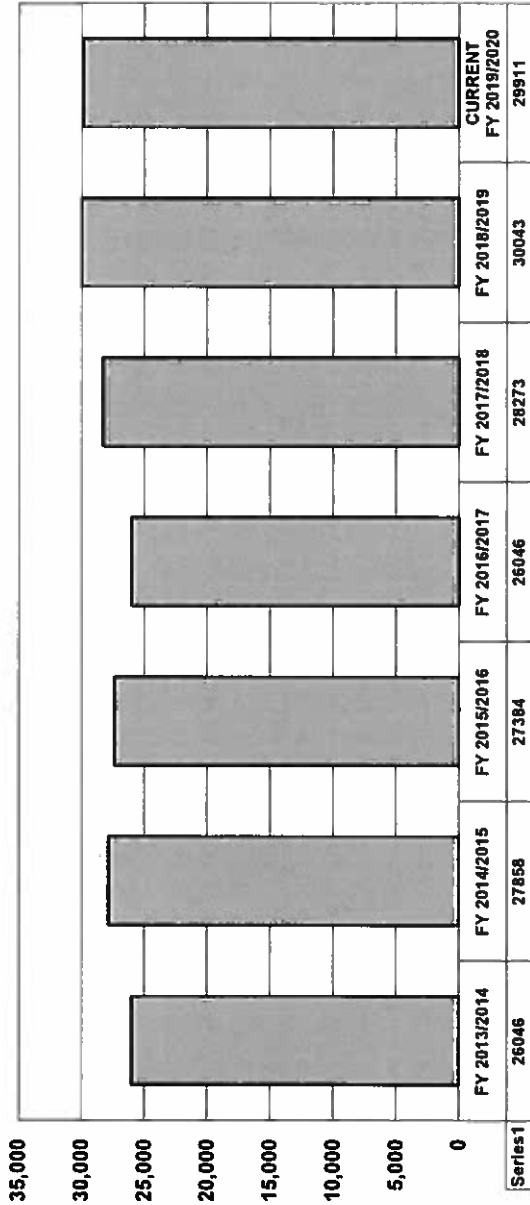
ATTACHMENT B

State Board of Dentistry

Projected Biennial Revenue	\$3,725,314
Projected Biennial Budget/Expenses	\$4,847,000
Projected Biennial Balance	(\$1,121,686)

Projected biennial revenue and expenses from FY19-20 and FY20-21 were used to show anticipated biennial balance.

**STATE BOARD OF DENTISTRY
RENEWABLE LICENSEE COUNTS**



LICENSEES BY CLASS

	FY 17-18	FY 18-19	FY 19-20
Dentist	9,672	10,187	9,958
Dental Hygienist	9,128	9,519	9,335
Expanded Function Dental Assistant	2,417	2,675	2,804
Anesthesia - Unrestricted	387	409	393
Anesthesia - Restricted I	199	203	196
Anesthesia - Restricted II	2,311	2,432	2,379
Dental Hygienist Local Anesthesia	3,355	3,723	3,912
Public Health/DH Practitioner	776	862	905
EFDA Education Program	10	10	7
Restricted Faculty License	18	23	22
TOTAL	28,273	30,043	29,911

State Board of Dentistry
Expense and Revenue History Comparison

Cost Center	Actual Expenses FY 12-13	Actual Expenses FY13-14	Actual Expenses FY 14-15	Actual Expenses FYTD 15-16	Actual Expenses FY16-17	Actual Expenses FY 17-18	Actual Expenses FY 18-19	Actual Expenses FYTD 19-20
BPOA Administration	335,103.31	284,166.52	409,543.89	337,418.07	494,501.37	457,511.23	554,093.15	288,930.99
Commissioner's Office	22,646.11	19,116.42	17,354.16	20,269.66	24,967.50	29,973.06	29,916.98	22,737.66
Revenue Office	10,550.71	9,967.23	13,310.94	11,767.74	13,883.61	13,261.38	12,574.97	9,806.22
Departmental Services	113,582.27	116,753.06	129,247.01	124,943.33	122,270.51	175,375.89	162,392.60	132,467.42
Board Member Expenses	15,940.46	17,495.98	12,010.68	9,229.17	14,525.69	12,716.64	12,832.31	14,105.03
Legal Administration	436,874.66	524,156.35	486,442.15	65,946.64	27,006.26	15,689.03	16,289.71	43,585.39
Legal Prosecution	46,216.97	44,745.50	57,739.88	458,889.34	587,570.34	659,409.56	678,386.68	720,667.78
Legal Counsel	0.00	0.00	0.00	81,410.90	81,055.96	95,887.61	87,063.53	129,660.85
Hearing Expenses	55,034.01	45,262.67	46,536.52	70,723.99	61,324.76	67,412.58	84,410.06	99,001.81
Enforcement & Investigation	583,765.00	526,758.06	676,923.11	744,227.00	706,132.17	583,091.90	670,019.27	611,283.07
PHMP	74,218.39	84,937.56	78,132.69	79,243.51	76,098.55	65,577.82	70,755.44	80,372.00
TOTAL	1,693,931.89	1,673,359.35	1,927,241.03	2,004,069.35	2,209,336.72	2,175,906.70	2,378,734.70	2,152,618.22

Revenue By Source	Actual Revenue FY 11-12	Actual Revenue FY 12-13	Actual Revenue FY13-14	Actual Revenue FY 14-15	Actual Revenue FY 15-16	Actual Revenue FY16-17	Actual Revenue FY 17-18	Actual Revenue FY 18-19
Renewals	43,085.00	2,982,460.00	31,912.00	3,164,994.00	31,427.00	3,086,511.00	19,275.00	3,223,082.00
Applications	60,085.00	61,310.00	152,230.00	224,195.00	227,640.00	227,517.00	203,285.00	165,975.00
Letters of Good Standing	10,725.00	13,290.00	12,180.00	13,685.00	13,200.00	12,725.00	13,770.00	13,987.38
Civil Penalties	41,160.00	34,775.00	64,500.00	41,575.00	54,749.98	43,616.66	75,825.00	94,226.23
Act 48 Citations	2,750.00	1,050.00	6,750.00	1,625.00	1,700.00	2,672.14	3,600.00	0.00
Investigations	1,000.00	0.00	9,001.83	2,586.26	799.28	10,290.71	25,029.20	13,174.27
Licensee Lists	14,896.77	10,624.19	11,291.21	12,823.45	12,073.28	78,381.69	30,436.44	20,325.59
TOTAL REVENUE	173,701.77	3,103,509.19	287,865.04	3,461,483.71	341,589.54	3,461,714.20	371,220.64	3,530,770.47

State Board of Dentistry
No Change

8/11/2020

Renewal March of odd years
Last fee increase effective March 2015, Board approved 7/2012

LICENSE COUNT	CURRENT RENEWAL FEE	TOTAL RENEWAL FEES
9,958	\$263.00	\$ 2,618,954.00
9,335	\$42.00	\$ 392,070.00
2,804	\$26.00	\$ 72,904.00
393	\$210.00	\$ 82,530.00
196	\$210.00	\$ 41,160.00
2,379	\$53.00	\$ 126,087.00
3,912	\$42.00	\$ 164,304.00
905	\$42.00	\$ 38,010.00
7	\$200.00	\$ 1,400.00
22	\$263.00	\$ 5,786.00
29,911		\$ 3,543,205.00
		\$ 333,650.00
		\$ 75,000.00
		\$ 3,951,855.00

LICENSE CLASSES

- Dentist
- Dental Hygienist
- Expanded Function Dental Assistant
- Anesthesia - Unrestricted
- Anesthesia - Restricted I
- Anesthesia - Restricted II
- Dental Hygienist Local Anesthesia
- Public Health DH Practitioner
- EFDA Education Program
- Restricted Faculty License

RENEWAL REVENUE:
APPLICATION REVENUE:
NON-RENEWAL OTHER REVENUE:

TOTAL BOARD REVENUE:

Renewal Year: \$ 3,379,000.00
Non-Renewal Year: \$ 369,000.00

FINANCIAL STATUS	Actual FY 17-18	Projected FY 18-19	Projected FY 19-20	Projected FY 20-21	Projected FY 21-22	Projected FY 22-23	Projected FY 23-24	Projected FY 24-25	Projected FY 25-26
Beginning Balance:	1,230,886.86	(573,799.20)	578,236.57	(1,472,448.99)	(543,448.99)	(2,666,134.55)	(1,811,134.55)	(4,007,820.11)	(5,465,820.11)
Revenue:	371,220.64	3,530,770.47	346,314.44	3,379,000.00	346,314.44	3,379,000.00	346,314.44	3,379,000.00	346,314.44
Total Available:	1,602,107.50	2,956,971.27	924,551.01	1,906,551.01	(197,134.55)	712,865.45	(1,464,820.11)	(628,820.11)	(5,119,505.67)
Expenses/Budget:	2,175,906.70	2,378,734.70	2,397,000.00	2,450,000.00	2,469,000.00	2,524,000.00	2,543,000.00	2,600,000.00	2,678,000.00
Remaining Balance:	(573,799.20)	578,236.57	(1,472,448.99)	(543,448.99)	(2,666,134.55)	(1,811,134.55)	(4,007,820.11)	(3,228,820.11)	(7,797,505.67)

**State Board of Dentistry
PROPOSED BIENNIAL RENEWAL FEE INCREASE - EFFECTIVE FY 20-21 (March 2021)
18% Renewal Fee Increase per Biennial Renewal - All Licensure Types**

BOARD APPROVED 11/16/2019

RENEWAL LICENSE CLASSES	CURRENT		FY 20-21 & FY 21-22 (Increase Application and Renewal Fees)		FY 22-23 & FY 23-24 (Increase Application and Renewal Fees)		FY 24-25 & FY 25-26 (Increase Application and Renewal Fees)	
	LICENSE COUNT	RENEWAL FEE	LICENSE COUNT	RENEWAL FEE	LICENSE COUNT	RENEWAL FEE	LICENSE COUNT	RENEWAL FEE
Dentist	9,958	\$ 2,618,954.00	9,958	\$ 3,110.00	9,958	\$ 3,666.00	9,958	\$ 4,320.00
Dental Hygienist	9,335	\$ 392,070.00	9,335	\$ 50.00	9,335	\$ 466,750.00	9,335	\$ 550.00
Expanded Function Dental Assistant	2,804	\$ 72,904.00	2,804	\$ 31.00	2,804	\$ 86,924.00	2,804	\$ 103,748.00
Anesthesia - Unrestricted	393	\$ 82,530.00	393	\$ 248.00	393	\$ 97,464.00	393	\$ 293.00
Anesthesia - Restricted I	196	\$ 41,160.00	196	\$ 248.00	196	\$ 48,608.00	196	\$ 57,428.00
Anesthesia - Restricted II	2,379	\$ 126,087.00	2,379	\$ 63.00	2,379	\$ 149,877.00	2,379	\$ 176,046.00
Dental Hygienist Local Anesthesia	3,912	\$ 164,304.00	3,912	\$ 50.00	3,912	\$ 195,600.00	3,912	\$ 230,808.00
Public Health DH Practitioner	905	\$ 34,010.00	905	\$ 50.00	905	\$ 45,250.00	905	\$ 53,395.00
EFDA Education Program	7	\$ 1,400.00	7	\$ 236.00	7	\$ 1,652.00	7	\$ 1,946.00
Restricted Faculty License	22	\$ 5,760.00	22	\$ 310.00	22	\$ 6,820.00	22	\$ 8,052.00
TOTAL RENEWAL REVENUE:	29,911	\$ 3,543,205.00	29,911	\$ 4,185,925.00	29,911	\$ 4,841,985.00	29,911	\$ 5,638,438.00
TOTAL APPLICATION REVENUE:		\$ 333,660.00		\$ 603,510.00		\$ 654,468.00		\$ 604,022.00
TOTAL OTHER REVENUE:		\$ 75,000.00		\$ 75,000.00		\$ 75,000.00		\$ 75,000.00
TOTAL BOARD REVENUE:		\$ 3,951,865.00		\$ 4,764,435.00		\$ 5,571,453.00		\$ 6,517,461.00
Renewal Year:		\$ 3,379,000.00		\$ 4,373,000.00		\$ 5,143,000.00		\$ 6,053,000.00
Non-Renewal Year:		\$ 369,000.00		\$ 391,000.00		\$ 428,000.00		\$ 465,000.00

FINANCIAL STATUS	RENEWAL PERIOD 1 - 2/2021		RENEWAL PERIOD 2 - 2/2023		RENEWAL PERIOD 3 - 2/2025	
	Actual FY 17-18	Projected FY 18-19	Actual FY 20-21	Projected FY 21-22	Actual FY 24-25	Projected FY 25-26
Beginning Balance:	1,230,888.86	(573,799.20)	(1,472,448.99)	528,051.01	(808,448.99)	2,727,551.01
Revenue:	371,220.64	\$ 530,770.47	4,373,000.00	391,000.00	6,053,000.00	465,000.00
Total Available:	1,602,107.50	2,958,971.27	2,900,551.01	919,051.01	5,244,551.01	3,192,551.01
Expenses/Budget:	2,175,906.70	2,378,734.70	2,372,500.00	2,391,500.00	2,517,000.00	2,537,000.00
Remaining Balance:	(573,799.20)	579,236.57	(1,472,448.99)	1,226,551.01	727,551.01	655,551.01

Application: Current vs Proposed

Licensee Type	Current			1st Renewal Period			2nd Renewal Period (9.5% Inc.)			3rd Renewal Period (9.5% Inc.)						
	Annual -	Biennial	Cost	Annual -	Biennial	Cost	Annual -	Biennial	Cost	Annual -	Biennial	Cost	Annual -	Biennial	Cost	Total
Anesthesia Restricted II permit App	175	350	\$ 15.00	\$ 5,250.00	175	350	\$ 71.00	\$ 24,850.00	175	350	\$ 78.00	\$ 27,300.00	175	350	\$ 85.00	\$ 29,750.00
Dental Faculty App	75	150	\$ 35.00	\$ 5,250.00	75	150	\$ 65.00	\$ 9,750.00	75	150	\$ 71.00	\$ 10,650.00	75	150	\$ 78.00	\$ 11,700.00
Anesthesia Unrestricted permit App	30	60	\$ 100.00	\$ 6,000.00	30	60	\$ 150.00	\$ 9,000.00	30	60	\$ 165.00	\$ 9,900.00	30	60	\$ 180.00	\$ 10,800.00
Restricted Faculty App**	0	0	\$ 200.00	\$ -	0	0	\$ 235.00	\$ -	0	0	\$ 260.00	\$ -	0	0	\$ 292.00	\$ -
Dental Hygienist Local Anesthesia App	425	850	\$ 20.00	\$ 17,000.00	425	850	\$ 50.00	\$ 42,500.00	425	850	\$ 55.00	\$ 46,750.00	425	850	\$ 60.00	\$ 51,000.00
Public Health DH App	95	190	\$ 20.00	\$ 3,800.00	95	190	\$ 80.00	\$ 15,200.00	95	190	\$ 88.00	\$ 16,720.00	95	190	\$ 95.00	\$ 18,050.00
Dental Hygienist App by exam	400	800	\$ 75.00	\$ 60,000.00	400	800	\$ 140.00	\$ 112,000.00	400	800	\$ 154.00	\$ 123,200.00	400	800	\$ 168.00	\$ 134,400.00
License by Criteria Approval App	6	12	\$ 200.00	\$ 2,400.00	6	12	\$ 235.00	\$ 2,820.00	6	12	\$ 260.00	\$ 3,120.00	6	12	\$ 282.00	\$ 3,384.00
Dentist App	465	930	\$ 200.00	\$ 186,000.00	465	930	\$ 200.00	\$ 186,000.00	465	930	\$ 200.00	\$ 186,000.00	465	930	\$ 200.00	\$ 186,000.00
EFDA App	275	550	\$ 75.00	\$ 41,250.00	275	550	\$ 110.00	\$ 60,500.00	275	550	\$ 120.00	\$ 66,000.00	275	550	\$ 132.00	\$ 72,600.00
EFDA Education program App	2	4	\$ 200.00	\$ 800.00	2	4	\$ 315.00	\$ 1,260.00	2	4	\$ 345.00	\$ 1,380.00	2	4	\$ 378.00	\$ 1,512.00
License by Criteria Approval Dental Hygienist App	3	6	\$ 75.00	\$ 450.00	3	6	\$ 140.00	\$ 840.00	3	6	\$ 154.00	\$ 924.00	3	6	\$ 168.00	\$ 1,008.00
License by Criteria Approval EFDA App	3	6	\$ 75.00	\$ 450.00	3	6	\$ 140.00	\$ 840.00	3	6	\$ 154.00	\$ 924.00	3	6	\$ 168.00	\$ 1,008.00
Anesthesia Restricted I permit App	25	50	\$ 100.00	\$ 5,000.00	25	50	\$ 150.00	\$ 7,500.00	25	50	\$ 165.00	\$ 8,250.00	25	50	\$ 180.00	\$ 9,000.00
	1079	2158		\$ 333,650.00	1079	2158		\$ 503,510.00	1079	2158		\$ 547,488.00	1079	2158		\$ 604,022.00

**new application type

**State Board of Dentistry
FEES FOR SURROUNDING STATES**

STATE	DENTIST			DENTAL HYGIENIST			DENTAL ASSISTANT			PH DENTAL HYGIENE PRACTITIONER		
	INITIAL APPLICATION	RENEWAL	RENEWAL FREQUENCY	INITIAL APPLICATION	RENEWAL	RENEWAL FREQUENCY	INITIAL APPLICATION	RENEWAL	RENEWAL FREQUENCY	INITIAL APPLICATION	RENEWAL	RENEWAL FREQUENCY
Connecticut	\$569.75	\$575.00	Annual	\$150.00	\$105.00	Annual	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	\$537.00	\$287.00	Biennial	\$174.00	\$174.00	Biennial	N/A	N/A	N/A	N/A	N/A	N/A
Maine	\$481.00	\$440.00	Biennial	\$241.00	\$140.00	Biennial	\$181.00	\$80.00	5 Year	N/A	N/A	N/A
Maryland	\$500.00	\$560.00	Biennial	\$325.00	\$182.00	Biennial	\$70.00	N/A	N/A	\$0.00	\$0.00	Triennial
Massachusetts	\$680.00	\$360.00	Biennial	\$128.00	\$60.00	Biennial	\$60.00	\$45.00	Biennial	N/A	N/A	N/A
New Hampshire	\$565.00	\$365.00	Biennial	\$265.00	\$165.00	Biennial	N/A	N/A	N/A	\$25.00	\$25.00	Biennial
New Jersey	\$125.00	\$390.00	Biennial	\$212.50	\$120.00	Biennial	\$103.00	\$90.00	Biennial	N/A	N/A	N/A
New York	\$377.00	\$287.00	Triennial	\$128.00	\$88.00	Triennial	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	\$454.00	\$312.00	Biennial	\$184.00	\$144.00	Biennial	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	\$965.00	\$965.00	Biennial	\$65.00	\$65.00	Biennial	N/A	N/A	N/A	\$65.00	\$65.00	Biennial
Vermont	\$225.00	\$355.00	Biennial	\$150.00	\$125.00	Biennial	\$60.00	\$75.00	Biennial	N/A	N/A	N/A
West Virginia	\$185.00	\$185.00	Annual	\$75.00	\$75.00	Annual	N/A	N/A	N/A	\$25.00	\$85.00	Annual
Pennsylvania	\$200.00	\$263.00	Biennial	\$75.00	\$42.00	Biennial	\$75.00	\$26.00	Biennial	\$20.00	\$42.00	Biennial

STATE	DENTIST		DENTAL HYGIENIST		DENTAL ASSISTANT		PH DENTAL HYGIENE	
	INITIAL APPLICATION	FEE	INITIAL APPLICATION	FEE	INITIAL APPLICATION	FEE	INITIAL APPLICATION	FEE
New Jersey	\$125.00	\$125.00	Rhode Island	\$85.00	Mass./Vermont	\$60.00	Maryland	\$0.00
	\$965.00	\$965.00	Maryland	\$325.00	Maine	\$181.00	Rhode Island	\$65.00
Rhode Island	\$200.00	\$200.00	Pennsylvania	\$75.00	Pennsylvania	\$75.00	Pennsylvania	\$20.00
	\$65.67	\$65.67	Pennsylvania	\$21.00	Pennsylvania	\$13.00	Pennsylvania	\$0.00
Connecticut	\$575.00	\$575.00	Connecticut	\$105.00	New Jersey	\$45.00	West Virginia	\$85.00
	\$131.50	\$131.50	Pennsylvania	\$21.00	Pennsylvania	\$13.00	Pennsylvania	\$21.00

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Anesthesia Permit Restricted I: \$150.00
Estimated yearly revenue: \$3,750 (25 applications x \$150.00)

Fee Description:

The fee will be charged to every application for an Anesthesia Permit Restricted I license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(2hrs)	\$98.42
Board Administrator review	(.5hr)	\$33.91
Transaction fee		\$3.56
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$145.89
	Proposed Fee:	\$150.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$150.00 be established for processing an application for an Anesthesia Permit Restricted I license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Anesthesia Permit Restricted II:	\$65.00
Estimated yearly revenue: \$11,375	(175 applications x \$65.00)

Fee Description:

The fee will be charged to every application for an Anesthesia Permit Restricted II license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(1hr)	\$49.21
Transaction fee		\$1.48
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$60.69
	Proposed Fee:	\$65.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$65.00 be established for processing an application for an Anesthesia Permit Restricted II license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc.) Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Anesthesia Permit Unrestricted: \$150.00

Estimated yearly revenue: \$4,500 (30 applications x \$150.00)

Fee Description:

The fee will be charged to every application for an Anesthesia Permit Unrestricted license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(2hrs)	\$98.42
Board Administrator review	(.5hr)	\$33.91
Transaction fee		\$3.56
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$145.89
	Proposed Fee:	\$150.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$150.00 be established for processing an application for an Anesthesia Permit Unrestricted license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc.) Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Dental Facility: \$65.00
Estimated yearly revenue: \$4,875 (75 applications x \$65.00)

Fee Description:

The fee will be charged to every application for a Dental Facility license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(1hr)	\$49.21
Transaction fee		\$1.48
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$60.69
	Proposed Fee:	\$65.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$65.00 be established for processing an application for a Dental Facility license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc.) Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Dental Hygienist Local Anesthesia: \$50.00

Estimated yearly revenue: \$21,250 (425 applications x \$50.00)

Fee Description:

The fee will be charged to every application for a Dental Hygienist Local Anesthesia license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.75hr)	\$36.90
Transaction fee		\$1.17
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$48.07
	Proposed Fee:	\$50.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$50.00 be established for processing an application for a Dental Hygienist Local Anesthesia license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - EFDA Education Program: \$315.00

Estimated yearly revenue: \$630 (2 applications x \$315.00)

Fee Description:

The fee will be charged to every application for an EFDA Education Program license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Board Administrator review	(2hrs)	\$135.64
Board Committee review	(4hrs)	\$160.00
Transaction fee		\$7.64
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$313.38
	Proposed Fee:	\$315.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$315.00 be established for processing an application for an EFDA Education Program license.

Board Staff – Staff opens, date stamps, scans, and uploads the application and all supporting documentation. Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews and prepares the documents for Board Committee review and uploads the program application and all supporting documents to the eAgenda for evaluation. The Committee completes a thorough review of all criteria related to the program curriculum, school accreditation, facility requirements, faculty qualifications, etc. to ensure the program meets the specifications as outlined in the Board's Regulations. If incomplete, a draft of the findings are submitted for preparation of a discrepancy notice to be prepared and sent to the EFDA Program Director. Once additional information is received and uploaded to the record, the information is resubmitted to Committee for further review and consideration. Once complete, the application is placed on the Board's agenda to be approved by the full Board at a regularly scheduled meeting. If approved, the application process is completed and the program license is issued through the licensing system. If denied, the program is issued a provisional denial letter by Board Counsel and provided the opportunity to request a hearing to appeal the Board's decision.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Expanded Function Dental Assistant: \$110.00

Estimated yearly revenue: \$30,250 (275 applications x \$110.00)

Fee Description:

The fee will be charged to every Application for an Expanded Function Dental Assistant license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.5hr)	\$24.61
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.61
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$107.06
	Proposed Fee:	\$110.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$110.00 be established for processing an application for an Expanded Function Dental Assistant license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application – Restricted Faculty: \$235.00
Estimated yearly revenue: \$3,525 (15 applications x \$235.00)

Fee Description:

The fee will be charged to every application for a restricted faculty license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(2hrs)	\$98.42
Board Administrator review	(1hr)	\$67.82
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$5.73
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$234.85
	Proposed Fee:	\$235.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$235.00 be established for processing an application for a restricted faculty license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Public Health DH Practitioner: \$80.00
Estimated yearly revenue: \$7,600 (95 applications x \$80.00)

Fee Description:

The fee will be charged to every application for a Public Health DH Practitioner license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(1hr)	\$49.21
Board Administrator review	(.25hr)	\$16.96
Transaction fee		\$1.90
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$78.07
	Proposed Fee:	\$80.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$80.00 be established for processing an application for a Public Health DH Practitioner license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application by Exam - Dental Hygienist: \$140.00
Estimated yearly revenue: \$56,000 (400 applications x \$140.00)

Fee Description:

The fee will be charged to every application by exam for a Dental Hygienist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.75hr)	\$36.90
Board Administrator review	(.5hr)	\$33.91
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$3.34
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$137.03
	Proposed Fee:	\$140.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$140.00 be established for processing an application by exam for a Dental Hygienist license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application by Exam - Dentist: \$235.00
Estimated yearly revenue: \$109,275 (465 applications x \$235.00)

Fee Description:

The fee will be charged to every application by exam for a Dentist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(2hrs)	\$98.42
Board Administrator review	(1hr)	\$67.82
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$5.73
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$234.85
	Proposed Fee:	\$235.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$235.00 be established for processing an application by exam for a Dentist license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

License by Criteria Approval Application - Dentist: \$235.00

Estimated yearly revenue: \$1,410 (6 applications x \$235.00)

Fee Description:

The fee will be charged to every License by Criteria Approval Application for a Dentist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(2hrs)	\$98.42
Board Administrator review	(1hr)	\$67.82
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$5.73
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$234.85
	Proposed Fee:	\$235.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$235.00 be established for processing a License by Criteria Approval Application for a Dentist license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc.) Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

License by criteria approval application - Dental Hygienist: \$140.00

Estimated yearly revenue: \$420 (3 applications x \$140.00)

Fee Description:

The fee will be charged to every License by criteria approval application for a Dental Hygienist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.75hr)	\$36.90
Board Administrator review	(.5hr)	\$33.91
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$3.34
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$137.09
	Proposed Fee:	\$140.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$140.00 be established for processing a License by criteria approval application for a Dental Hygienist license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

License by criteria approval application:

Expanded Function Dental Assistant \$140.00

Estimated yearly revenue: \$420 (3 applications x \$140.00)

Fee Description:

The fee will be charged to every License by criteria approval application for an Expanded Function Dental Assistant license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.75hr)	\$36.90
Board Administrator review	(.5hr)	\$33.91
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$3.34
Administrative Overhead:		\$10.00
	Total Estimated Cost:	\$137.09
	Proposed Fee:	\$140.00

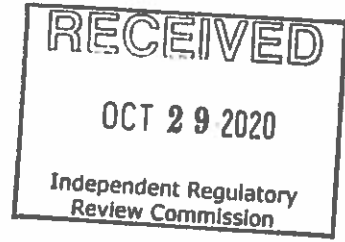
Analysis, Comment, and Recommendation:

It is recommended that a fee of \$140.00 be established for processing a License by criteria approval application for an Expanded Function Dental Assistant license.

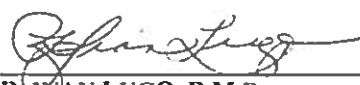
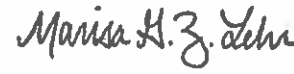
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CDL-1

**FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)**



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<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p><small>Digitally signed by Amy M. Elliott DN: cn=Amy M. Elliott, o=Pennsylvania Official Attorney General, ou=I Just Deputy Attorney General, email=Amy.Elliott@pa.gov, c=US, #1.2.840.113549.1.4141.4141.4141</small></p> <p>BY: <u>Amy M. Elliott</u> (DEPUTY ATTORNEY GENERAL)</p> <p><u>10/26/2020</u> DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by</p> <p>STATE BOARD OF DENTISTRY</p> <p>_____ (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO. <u>16A-4634</u></p> <p>DATE OF ADOPTION <u>March 13, 2020</u></p> <p>BY: <u></u> R. IVAN LUGO, D.M.D.</p> <p>TITLE CHAIRPERSON</p> <p>_____ (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)</p>	<p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies</p> <p><u></u></p> <p>BY: _____ (Deputy General Counsel) (Chief Counsel, Independent Agency) (Strike inapplicable title)</p> <p><u>10/9/2020</u> DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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**PROPOSED RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF DENTISTRY
49 PA. CODE CHAPTER 33
FEES**

The State Board of Dentistry (Board) proposes to amend § 33.3 (relating to fees) and delete § 33.339 (relating to fees for issuance of permits) to read as set forth in Annex A.

Effective Date

This proposed rulemaking will be effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*. The increased application fees will be implemented immediately upon publication. Thereafter the subsequent graduated increases for application fees will be implemented on a 2-fiscal-year basis (FY)—on July 1, 2023, and July 1, 2025.

The increased biennial renewal fees will be implemented with the April 1, 2021-March 31, 2023 biennial renewal period.

Statutory Authority

Section 3(o) of The Dental Law (act), (63 P.S. § 122(o)), authorizes the Board to adopt, promulgate, and enforce such rules and regulations as may be deemed necessary by the Board and proper to carry into effect the powers conferred by the act. Section 4(a) of the act (63 P.S. § 123(a)) provides that the fee for an applicant for examination and licensure to practice dentistry or as a dental hygienist or certification for an expanded function dental assistant (EFDA) in this Commonwealth shall be fixed by the Board by regulation. Section 4(b) of the act (63 P.S. § 123(b)) requires the Board to increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties imposed under the act are not sufficient to meet expenditures over a two-year period. The Board's authority to impose an application fee for a restricted faculty applicant is section 11.11(a)(7) of the act (63 P.S. § 130(a)(7)), which provides that an applicant for a restricted faculty license shall pay a fee in the same amount as is prescribed by the Board for licensure to practice dentistry. Additionally, under section 11.11(d) of the act (63 P.S. § 130(d)), to renew a restricted faculty license, a licensee must pay a biennial renewal fee in the same amount as the fee prescribed by the Board for renewal of licensure to practice dentistry.

Background and Need for Amendment

Under section 4(b) of the act, the Board is required by law to support its operations from the revenue it generates from fees, fines and civil penalties. In addition, the act provides that the Board shall increase fees if the revenue raised by fees, fines and civil penalties is not sufficient to meet expenditures over a two-year period. The Board raises the majority of its revenue through biennial renewal fees. A small percentage of its revenue comes from application fees, fines and civil penalties.

In March and November 2019, representatives from the Bureau of Finance and Operations (BFO) met with the Board and provided summaries of the Board's revenue and expenses through FY 2025-2026. BFO reported that in FY 2017-2018 the Board began with a revenue balance of \$1,230,886.86; however, in this same FY, the Board incurred \$2,175,906.70 in expenses, resulting in a deficit of (\$573,799.20) to carry forward to the 2018-19 FY. In 2019 (a "renewal year,") the Board collected revenues totaling \$3,530,770.47 and incurred \$2,378,734.70 in expenses. This provided a positive balance of \$578,236.57 to carry forward to FY 2019-20. However, BFO

anticipates that with FY 2019-20 being a non-renewal year, the Board will receive only \$346,314.44 in revenue, while continuing to accrue expenses totaling \$2,397,000. This will result in a deficit of \$1,472,448.99 to carry forward to FY 2020-2021. Because FY 2021 is a renewal year, BFO projects that the Board will collect revenue totaling \$3,379,000. However, the Board's total expenditures for FY 2020-21 are projected to be \$2,450,000, resulting in a deficit to carry forward to FY 2021-22 of \$543,448.99. With no change in the fee structure, BFO projects that with projected revenue and expenses, taking into consideration renewal years, the Board will have a deficit of \$2,666,134.55 by the end of FY 2021-2022; a deficit of \$1,811,134.55 by the end of FY 2022-23; a deficit of \$4,007,820.11 by the end of FY 2023-24; a deficit of \$3,228,820.11 by the end of FY 2024-25; and a mounting deficit of \$7,797,505.67 by the end of FY 2025-26.

Based on BFO's summaries, the Board's revenue is insufficient to meet expenditures over a two-year period. It is therefore necessary for the Board to raise fees to meet or exceed projected expenditures, in compliance with section 4(b) and (c) of the act. To accomplish that objective, BFO recommended increased application fees that are reflective of actual costs to process applications in each biennium, and an 18% renewal fee increase for each renewal cycle commencing with the April 1, 2021 – March 31, 2023 biennial renewal and continuing through FY 2025-2026. The last time the Board approved a renewal fee increase was in July of 2012, which was effective for the April 2015 renewal period.

Based upon the financial information that BFO presented to the Board on March 15, 2019 and November 15, 2019, the Board adopted the new schedule of fees set forth in accompanying Annex A. The increased fees are projected to produce sufficient revenue to meet expenditures over a two-year period through FY 2025-26. In FY 2020-21 through FY 2021-22, with the fee increase, the Board's revenue of approximately 4.764 million will be sufficient to meet its expenditures of approximately 4.764 million. In FY 2022-23 through FY 2023-24, the Board's revenue of approximately 5.571 million will be sufficient to meet its expenditures of approximately 4.907 million. By the end of FY 23-24, the Board's deficit will decrease to (\$808,448.99). In FY 2024-25 through FY 2025-26, the Board's revenue of approximately 6.518 million will be sufficient to meet its expenditures of approximately 5.054 million. By the end of FY 2025-26, the Board will have a positive balance of \$655,551.01. Thus, the proposed fee structure will allow the Board to meet expenditures over a two-year period as required by Section 4(b) of the act, 63 P.S. § 123(b), and will put the Board back on firm financial ground.

Description of Proposed Amendments

The proposed rulemaking will result in the following amendments to the Board's existing fee schedules at §§ 33.3 (relating to fees) and 33.339 (relating to fees for issuance of permits).

This proposed rulemaking amends § 33.3 by increasing the application fees for dentists; dental facility fictitious names; dental hygienists; EFDAs; unrestricted, restricted I and restricted II anesthesia permits; local anesthesia permits; public health dental hygienists practitioners; EFDA program approval; criteria approval – dentists; criteria approval – dental hygienists; and criteria approval – EFDAs to cover identifiable costs incurred by the Board to process these applications. The proposed rulemaking also adds a graduated application fee for a restricted faculty license. In

§ 33.3 the Board includes the fee for verification of license, permit or registration fee-dentists, dental hygienists, and expanded function dental assistants. This fee is an existing fee that the Board is carrying over to the proposed fee schedule. The Board is not increasing this fee, but rather, keeping the same \$15 fee that is currently charged for this service.

The Board's proposed fee schedule deletes some application fees. In § 33.3, the Board proposes to delete the Notification application – postgraduate training or faculty member fee. With respect to the postgraduate training notification application fee, the Board no longer requires an application for postgraduate training, but rather, only requires hospitals or training programs to submit a notification through the Board's electronic application system for which the Board has determined a fee is unnecessary. In place of the faculty member fee, the Board proposes to add the restricted faculty license fee to align with amendments to the act. In July 2014, the act was amended by Act 89 of 2014 to require that the Board grant, without examination, restricted faculty licenses to qualified applicants. *See*, 63 P.S. § 130/. Act 89 of 2014 requires that qualified individuals submit a completed application and an application fee in the same amount as the fee prescribed by the Board for licensure to practice dentistry (current fee of \$200). *Id.* at 130/(a)(7). Additionally, under section 11.11(d) of the act (63 P.S. § 130/(d)), to renew a restricted faculty license, a licensee must pay a biennial renewal fee in the same amount as the fee prescribed by the Board for renewal of licensure to practice dentistry (current fee of \$263).

In § 33.3, the Board also proposes to delete the fees for certification of scores, permit or registration fee – dentists, dental hygienists and expanded function dental assistants because the Board no longer issues certifications of scores. Board examinations are now administered by National or Regional organizations who provide this service. The Board also proposes to delete the application fee for dental radiology authorization in § 33.3 because there is no requirement in the act or the Board's regulations to file an application or pay a fee.

The Board proposes to rescind § 33.339. The initial application and renewal fees for the anesthesia permits (unrestricted, restricted I, and restricted II) appearing in § 33.339 will be moved and combined with the schedule of fees in § 33.3 so that all fees charged by the Board are listed in one location. The Board proposes to delete fees for the temporary unrestricted permit, temporary restricted permit I and temporary restricted permit II (currently listed in § 33.339) because they are now obsolete. Temporary permits were issued for a short period when Subchapter E (relating to administration of general anesthesia, deep sedation, conscious sedation and nitrous oxide/oxygen analgesia) was first adopted by the Board in 2005 to allow existing practitioners to continue to administer deep sedation and/or conscious sedation while awaiting their scheduled evaluation and inspection, upon receipt of a completed application, fee and educational documentation. Because a temporary permit is no longer necessary, the Board proposes to delete this fee.

The proposed application fee increases occur on a graduated basis so that the application fees collected during each biennium reflect the anticipated costs of processing applications for that biennium. These fees are designed to cover the cost to process applications and are borne by individual applicants. Actual cost calculations for application fees are based upon the following formula:

$$\begin{array}{c} \text{number of minutes to perform the function} \\ \times \\ \text{pay rate for the classification of the personnel performing the function} \\ + \\ \text{a proportionate share of administrative overhead} \end{array}$$

The application fees for FY 2020-2021 are based on time study reports created within the Bureau giving each step in the process and the amount of time it takes to process one application. That amount is multiplied by the anticipated application requests for one year (times two since the increases are biennial). Increases which will be effective July 1, 2023 and July 1, 2025 are calculated at an approximately 9.5% increase as pay increases for staff that process applications are 2.5% in July and 2.25% in January or 4.75 % annually (9.5% biennially) and the fee is almost entirely dependent upon personnel-related costs.

The Board also proposes to increase biennial renewal fees for dentists, dental hygienists, EFDAs, anesthesia-unrestricted, anesthesia-restricted I, anesthesia-restricted II, dental hygienist local anesthesia permits, public health dental hygiene practitioners, EFDA education program approval, and restricted faculty licenses. The biennial renewal fees will increase by 18% for each renewal cycle commencing in the April 1, 2021-March 31, 2023 biennial renewal period and continuing through the April 1, 2025-March 31, 2027 biennial renewal period.

When considering this proposed fee increase, the Board conducted a comparison of application fees and renewal fees charged by surrounding states. The Board found that even by comparing the highest fee increases, which will not be effective until FY 2025-26, Pennsylvania's application fees and renewal fees are still among the lowest and/or are in line with fees charged in in surrounding states.

Fiscal Impact

The proposed amendments will increase the application fees and biennial renewal fees for all license and permit types issued by the Board. The Board receives approximately 1,979 applications annually from its various licensee types. There are currently 29,911 licensees and permit holders who will be impacted by the fee increase. Existing licensees will be required to pay 18% higher renewal fees every two years commencing in the April 1, 2021-March 31, 2023 biennial renewal period and continuing through the April 1, 2025-March 31, 2027 biennial renewal period.

As set forth below, the proposed graduated increase will impact applicants and licensees as follows:

Dentists

The Board receives approximately 465 dentist applications per year. The graduated application fee increases will impact applying dentists as follows: FYs 2020-21 and 2021-22, the application fee for dentist applicants will increase by \$35, followed by an increase of \$25 in FYs 2022-23 and 2023-24, and an increase of \$22 in FYs 2024-25 and 2025-26.

There are approximately 9,958 dentists who must renew biennially. In FY 2020-21, dentists will pay an additional \$47 to renew their license, followed by an increase of \$56 to renew their license in FY 2022-23, and an additional \$66 to renew their license in FY 2024-25.

Dental facility (fictitious name)

The Board receives approximately 75 dental facility (fictitious name) applications per year. The graduated application fee increases will impact applying dental facilities as follows: FYs 2020-21 and 2021-22, the application fee for a dental facility (fictitious name) will increase by \$30, followed by an increase of \$6 in FYs 2022-23 and 2023-24, and an increase of \$7 in FYs 2024-25 and 2025-26.

Dental facilities are not required to renew the fictitious name registration with the Board; therefore, the initial application fee is the only fiscal impact to dental facilities.

Dental Hygienist

The Board receives approximately 400 dental hygienist applications per year. The graduated application fee increases will impact applying dental hygienists as follows: FYs 2020-21 and 2021-22, the application fee for dental hygienist applicants will increase by \$65, followed by an increase of \$14 in FYs 2022-23 and 2023-24, and an increase of \$14 in FYs 2024-25 and 2025-26.

There are approximately 9,335 dental hygienists who must renew biennially. In FY 2020-21, dental hygienists will pay an additional \$8 to renew their license, followed by an increase of \$9 to renew their license in FY 2022-23, and an additional \$11 to renew their license in FY 2024-25.

Expanded Function Dental Assistant

The Board receives approximately 275 EFDA applications per year. The graduated application fee increases will impact applying EFDAs as follows: FYs 2020-21 and 2021-22, the application fee for EFDA applicants will increase by \$35, followed by an increase of \$10 in FYs 2022-23 and 2023-24, and an increase of \$12 in FYs 2024-25 and 2025-26.

There are approximately 2,804 EFDAs who must renew biennially. In FY 2020-21, EFDAs will pay an additional \$5 to renew their license, followed by an increase of \$6 to renew their license in FY 2022-23, and an additional \$7 to renew their license in FY 2024-25.

Anesthesia - Unrestricted Permit Applications

The Board receives approximately 30 anesthesia unrestricted permit applications per year. The graduated application fee increases will impact applicants applying for an anesthesia - unrestricted permit as follows: FYs 2020-21 and 2021-22, the application fee for an anesthesia -

unrestricted permit will increase by \$50, followed by an increase of \$15 in FYs 2022-23 and 2023-24, and an increase of \$15 in FYs 2024-25 and 2025-26.

There are approximately 393 anesthesia - unrestricted permit holders who must renew biennially. In FY 2020-21, anesthesia - unrestricted permit holders will pay an additional \$38 to renew their permit, followed by an increase of \$45 to renew their permit in FY 2022-23, and an additional \$53 to renew their permit in FY 2024-25.

Anesthesia - Restricted I Permit

The Board receives approximately 25 anesthesia - restricted I permit applications per year. The graduated application fee increases will impact applicants applying for an anesthesia - restricted I permit as follows: FYs 2020-21 and 2021-22, the application fee for an anesthesia - restricted I permit will increase by \$50, followed by an increase of \$15 in FYs 2022-23 and 2023-24, and an increase of \$15 in FYs 2024-25 and 2025-26.

There are approximately 196 anesthesia - restricted I permit holders who must renew biennially. In FY 2020-21, anesthesia - restricted I permit holders will pay an additional \$38 to renew their permit, followed by an increase of \$45 to renew their permit in FY 2022-23, and an additional \$53 to renew their permit in FY 2024-25.

Anesthesia - Restricted II Permits

The Board receives approximately 175 anesthesia - restricted II permit applications per year. The graduated application fee increases will impact applicants applying for an anesthesia - restricted II permit as follows: FYs 2020-21 and 2021-22, the application fee for an anesthesia - restricted II permit will increase by \$50, followed by an increase of \$6 in FYs 2022-23 and 2023-24, and an increase of \$7 in FYs 2024-25 and 2025-26.

There are approximately 2,379 anesthesia restricted II permit holders who must renew biennially. In FY 2020-21, anesthesia restricted II permit holders will pay an additional \$10 to renew their permit, followed by an increase of \$11 to renew their permit in FY 2022-23, and an additional \$13 to renew their permit in FY 2024-25.

Dental Hygienist Local Anesthesia Permit

The Board receives approximately 425 dental hygienist local anesthesia permit applications per year. The graduated application fee increases will impact applicants applying for a dental hygienist local anesthesia permit as follows: FYs 2020-21 and 2021-22, the application fee for a dental hygienist local anesthesia permit will increase by \$30, followed by an increase of \$5 in FYs 2022-23 and 2023-24, and an increase of \$5 in FYs 2024-25 and 2025-26.

There are approximately 3,912 dental hygienist local anesthesia permit holders who must renew biennially. In FY 2020-21, dental hygienist local anesthesia permit holders will pay an additional \$8 to renew their permit, followed by an increase of \$9 to renew their permit in FY 2022-23, and an additional \$11 to renew their permit in FY 2024-25.

Public Health Dental Hygiene Practitioners

The Board receives approximately 95 public health dental hygiene practitioner applications per year. The graduated application fee increases will impact applying public health dental hygiene practitioners as follows: FYs 2020-21 and 2021-22, the application fee for a public health dental hygiene practitioner will increase by \$60, followed by an increase of \$8 in FYs 2022-23 and 2023-24, and an increase of \$7 in FYs 2024-25 and 2025-26.

There are approximately 905 public health dental hygiene practitioners who must renew biennially. In FY 2020-21, public health dental hygiene practitioners will pay an additional \$8 to renew their license, followed by an increase of \$9 to renew their license in FY 2022-23, and an additional \$11 to renew their license in FY 2024-25.

Expanded Function Dental Assistant Education Program

The Board receives approximately 2 EFDA program applications per year. The graduated application fee increases will impact applicants for EFDA education programs as follows: FYs 2020-21 and 2021-22, the application fee for an EFDA education program will increase by \$115, followed by an increase of \$30 in FYs 2022-23 and 2023-24, and an increase of \$33 in FYs 2024-25 and 2025-26.

There are approximately 7 EFDA education programs that must renew biennially. In FY 2020-21, EFDA education programs will pay an additional \$18 to renew their license, followed by an increase of \$21 to renew their license in FY 2022-23, and an additional \$25 to renew their license in FY 2024-25.

Restricted Faculty License Holders

The Board receives approximately 9 restricted faculty license applications per year. The graduated application fee increases will impact applicants for restricted faculty licenses as follows: FYs 2020-21 and 2021-22, the application fee for a restricted faculty license will increase by \$35, followed by an increase of \$25 in FYs 2022-23 and 2023-24, and an increase of \$22 in FYs 2024-25 and 2025-26.

There are approximately 22 restricted faculty license holders who must renew biennially. In FY 2020-21, restricted faculty license holders will pay an additional \$47 to renew their license, followed by an increase of \$56 to renew their license in FY 2022-23, and an additional \$66 to renew their license in FY 2024-25.

Dental License by Criteria Approval

The Board receives approximately 6 dental license by criteria approval applications per year. The graduated application fee increases will impact applicants for dental license by criteria approval as follows: In FYs 2020-21 and 2021-22, the application fee for a dental license by

criteria approval will increase by \$35, followed by an increase of \$25 in FYs 2022-23 and 2023-24, and an increase of \$22 in FYs 2024-25 and 2025-26.

Dental Hygienist Applications by Criteria Approval

The Board receives approximately 3 dental hygienist license by criteria approval applications per year. The graduated application fee increases will impact applicants for dental hygienist license by criteria approval as follows: FYs 2020-21 and 2021-22, the application fee for a dental hygienist license by criteria approval will increase by \$65, followed by an increase of \$14 in FYs 2022-23 and 2023-24, and an increase of \$14 in FYs 2024-25 and 2025-26.

Expanded Function Dental Assistant Applications by Criteria Approval

The Board receives approximately 3 EFDA license by criteria approval applications per year. The graduated application fee increases will impact applicants for EFDA license by criteria approval as follows: FYs 2020-21 and 2021-22, the application fee for an EFDA by criteria approval will increase by \$65, followed by an increase of \$14 in FYs 2022-23 and 2023-24, and an increase of \$14 in FYs 2024-25 and 2025-26.

The total collective economic impact to applicants for licenses and permits over three biennial periods will be \$271,848 (\$85,245 in FYs 2020-21 and 2021-22 + \$25,704 in FYs 2022-23 and 2023-24 + \$24,975 in FYs 2024-25 and 2025-26 = \$271,848). The total collective economic impact to these license/permit holders to renew their licenses over three biennial renewal periods will be \$2,295,934 (\$643,420 in FY 2020-21 + \$756,040 in FY 2022-23 + \$896,474 in FY 2024-25 = \$2,295,934).

The proposed regulation should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.

Paperwork Requirements

The proposed rulemaking will require the Board to alter its online application and renewal forms to reflect the new fees; however, the amendments will not create additional paperwork for the regulated community or for the private sector.

Sunset Date

The Board continuously monitors the effectiveness of its regulations. Therefore, no sunset date has been assigned. Additionally, BFO provides the Board with an annual report detailing the Board's financial condition. In this way, the Board continuously monitors the adequacy of its fee schedule.

Regulatory Review

Under section 5(a) of the Regulatory Review Act, 71 P.S. § 745.5(a), on October 29, 2020, the Board submitted a copy of this proposed rulemaking and a copy of the Regulatory Analysis

Form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure Committee. A copy of this material is available to the public on request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections must specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Board, the General Assembly and the Governor of any comments, recommendations and objections raised.

Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding this proposed rulemaking to Jackie Wiest Lutz, Assistant Counsel, Department of State, P.O. Box 69523, Harrisburg, Pennsylvania 17106-9523, or by email at RA-STRegulatoryCounsel@pa.gov within 30 days following publication of this proposed rulemaking in the Pennsylvania Bulletin. Please reference Regulation No. 16A-4634 (Fees) on all comments.

R. Ivan Lugo, D.M.D.
Chairperson

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 33. STATE BOARD OF DENTISTRY

Subchapter A. GENERAL PROVISIONS

*** * * * ***

§ 33.3. Fees.

[(a) Following is the schedule of fees charged by the Board:

Application fee – dentists.....	\$200
Application fee – dental hygienists	\$75
Application fee – expanded function dental assistants	\$75
Application fee – certificate of public health dental hygiene practitioner.....	\$20
Application fee – local anesthesia permit	\$20
Criteria approval application fee dentists	\$200
Criteria approval application fee – dental hygienists.....	\$75
Criteria approval application fee expanded function dental assistants.....	\$75
Fictitious name registration fee.....	\$35
Verification of license, permit or registration fee – dentists, dental hygienists and expanded function dental assistants.....	\$15
Certification of scores, permit or registration fee – dentists, dental hygienists and expanded function dental assistants.....	\$25
EFDA program approval application fee.....	\$200
Biennial renewal fee – dentists.....	\$263

Biennial renewal fee – dental hygienists.....	\$42
Biennial renewal fee – expanded function dental assistants.....	\$26
Biennial renewal fee – EFDA program approval.....	\$100
Biennial renewal fee – certificate of public health dental hygiene practitioner.....	\$42
Biennial renewal fee – local anesthesia permit.....	\$42
Application fee – dental radiology authorization.....	\$75
Notification application – postgraduate training or faculty member.....	\$75

(b) For fees related to anesthesia permits, refer to § 33.339 (relating to fees for issuance of permits).]

Following is the schedule of fees charged by the Board: Editor’s Note: The blank in the first column of effective dates refers to the date of publication of the final-form rulemaking in the Pennsylvania Bulletin.

(a) Application fees

		<u>Effective</u> <u>July 1, 2023</u>	<u>Effective</u> <u>July 1, 2025</u>
<u>Dentist</u>	<u>\$235.00</u>	<u>\$260.00</u>	<u>\$282.00</u>
<u>Dental Facility</u> <u>Fictitious Name</u>	<u>\$65.00</u>	<u>\$71.00</u>	<u>\$78.00</u>
<u>Dental Hygienist</u>	<u>\$140.00</u>	<u>\$154.00</u>	<u>\$168.00</u>
<u>Expanded Function</u> <u>Dental Assistant</u>	<u>\$110.00</u>	<u>\$120.00</u>	<u>\$132.00</u>
<u>Anesthesia –</u> <u>Unrestricted</u>	<u>\$150.00</u>	<u>\$165.00</u>	<u>\$180.00</u>
<u>Anesthesia –</u> <u>Restricted I</u>	<u>\$150.00</u>	<u>\$165.00</u>	<u>\$180.00</u>
<u>Anesthesia –</u>	<u>\$65.00</u>	<u>\$71.00</u>	<u>\$78.00</u>

Restricted II

<u>Dental Hygienist Local Anesthesia</u>	<u>\$50.00</u>	<u>\$55.00</u>	<u>\$60.00</u>
<u>Public Health Dental Hygienist Practitioner</u>	<u>\$80.00</u>	<u>\$88.00</u>	<u>\$95.00</u>
<u>Expanded Function Dental Assistant Education Program</u>	<u>\$315.00</u>	<u>\$345.00</u>	<u>\$378.00</u>
<u>Restricted Faculty License</u>	<u>\$235.00</u>	<u>\$260.00</u>	<u>\$282.00</u>
<u>Criteria approval – dentists</u>	<u>\$235.00</u>	<u>\$260.00</u>	<u>\$282.00</u>
<u>Criteria approval – dental hygienists</u>	<u>\$140.00</u>	<u>\$154.00</u>	<u>\$168.00</u>
<u>Criteria approval – expanded function dental assistants</u>	<u>\$140.00</u>	<u>\$154.00</u>	<u>\$168.00</u>

(b) Biennial renewal fees

Following is the schedule of biennial renewal fees charged by the Board:

	<u>April 1, 2021 - March 31, 2023 Biennial Renewal</u>	<u>April 1, 2023- March 31, 2025 Biennial Renewal</u>	<u>April 1, 2025- March 31, 2027 Biennial Renewal</u>
<u>Dentist</u>	<u>\$310</u>	<u>\$366</u>	<u>\$432</u>
<u>Dental Hygienist</u>	<u>\$50</u>	<u>\$59</u>	<u>\$70</u>
<u>Expanded Function Dental Assistant</u>	<u>\$31</u>	<u>\$37</u>	<u>\$44</u>
<u>Anesthesia – Unrestricted</u>	<u>\$248</u>	<u>\$293</u>	<u>\$346</u>

<u>Anesthesia – Restricted I</u>	<u>\$248</u>	<u>\$293</u>	<u>\$346</u>
<u>Anesthesia – Restricted II</u>	<u>\$63</u>	<u>\$74</u>	<u>\$87</u>
<u>Dental Hygienist Local Anesthesia</u>	<u>\$50</u>	<u>\$59</u>	<u>\$70</u>
<u>Public Health Dental Hygienist Practitioner</u>	<u>\$50</u>	<u>\$59</u>	<u>\$70</u>
<u>Expanded Function Dental Assistant Education Program</u>	<u>\$118</u>	<u>\$139</u>	<u>\$164</u>
<u>Restricted Faculty License</u>	<u>\$310</u>	<u>\$366</u>	<u>\$432</u>

(c) Miscellaneous fees

Verification of license, permit or registration fee –
dentists, dental hygienists and expanded function dental assistants.....\$15

**Subchapter E. ADMINISTRATION OF GENERAL ANESTHESIA, DEEP SEDATION,
CONSCIOUS SEDATION AND NITROUS OXIDE/OXYGEN ANALGESIA**

§ 33.339. [Fees for issuance of permits.] Reserved.

[The following fees are charged for the issuance of permits under this subchapter:

(1) *Unrestricted permit.*

(i) Initial\$100

(ii) Renewal.....\$210

(iii) Temporary.....	\$100
<i>(2) Restricted permit I.</i>	
(i) Initial	\$100
(ii) Renewal.....	\$210
(iii) Temporary.....	\$100
<i>(3) Restricted permit II.</i>	
(i) Initial	\$15
(ii) Renewal.....	\$53
(iii) Temporary.....	\$15]



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF DENTISTRY

Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-7162

October 29, 2020

The Honorable George D. Bedwick, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation
State Board of Dentistry
16A-4634 - FEES

Dear Chairman Bedwick:

Enclosed is a copy of a Proposed rulemaking package of the State Board of Dentistry pertaining to 16A-4634 - Fees.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,



R. Ivan Lugo, D.M.D., Chairperson
State Board of Dentistry

RIL/JWL:aaw
Enclosure

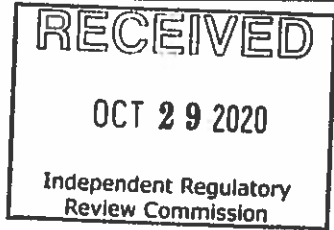
cc: K. Kalonji Johnson, Acting Commissioner of Professional and Occupational Affairs
Kraig R. Kiehl, Deputy Secretary of Regulatory Programs
Marc Farrell, Deputy Director of Policy, Department of State
Cynthia Montgomery, Deputy Chief Counsel, Department of State
Jacqueline A. Wolfgang, Regulatory Unit Counsel, Department of State
Jackie Wiest Lutz, Board Counsel, State Board of Dentistry
State Board of Dentistry

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-4634
SUBJECT: Fees
AGENCY: DEPARTMENT OF STATE
 Bureau of Professional and Occupational Affairs
 State Board of Dentistry

TYPE OF REGULATION

- X Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Disapproved Regulation
 - a. With Revisions
 - b. Without Revisions



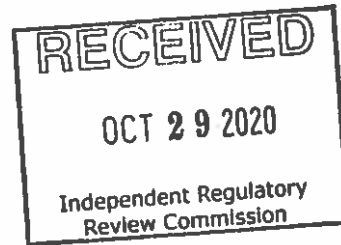
FILING OF REGULATION

<u>DATE</u>	<u>SIGNATURE</u>	<u>DESIGNATION</u>
		<i>Senate</i> HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
		MAJORITY CHAIR <u>Robert M. Tomlinson</u>
		MINORITY CHAIR <u>Lisa M. Boscola</u>
		<i>House</i> SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
<u>10/29/20</u>	<u>Emily L. Gyle</u>	MAJORITY CHAIR <u>David Hickernell</u>
<u>10/29/20</u>	<u>Aaron E. Huger</u>	MINORITY CHAIR <u>Harry A. Readshaw</u>
		INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL (for Final Omitted only)
		LEGISLATIVE REFERENCE BUREAU (for Proposed only)

Worthington, Amber

From: Bulletin <bulletin@palrb.us>
Sent: Thursday, October 29, 2020 8:33 AM
To: Worthington, Amber
Subject: [External] Read: DELIVERY-Confirmation Required: Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice
Attachments: [External] Read: DELIVERY-Confirmation Required: Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice
Importance: High

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Worthington, Amber

From: Bulletin <bulletin@palrb.us>
Sent: Thursday, October 29, 2020 8:59 AM
To: boscola@pasenate.com; Tomlinson, Senator Robert; jerry.livingston@pasenate.com; Blauch, Tammy; jmsmeltz@pasen.gov
Cc: Martin, Megan; Vincent Deliberato; Duane Searle; A.J. Mendelsohn; Wolfgang, Jacqueline; Worthington, Amber
Subject: [External] DELIVERY-Confirmation Required: Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice
Attachments: 16A-4633 Boscola.pdf; 16A-4633 Tomlinson.pdf; 16A-4634 Boscola.pdf; 16A-4634 Tomlinson.pdf

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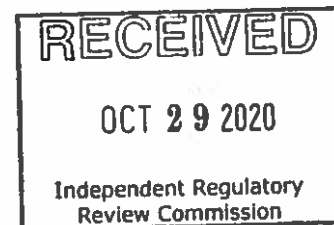
Good Morning:

We have attached Final Rulemaking--State Board of Dentistry No. 16A-4633--(Public Health Dental Hygiene Practitioner Practice Sites) and Proposed Rulemaking--State Board of Dentistry No. 16A-4634--(Fees) from the Department of State.

Please confirm receipt of this email by replying to ALL.

Thank you.

The Pennsylvania Code & Bulletin Office



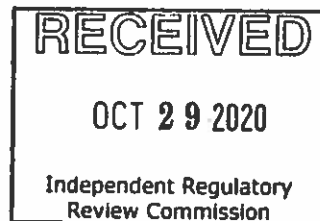
Worthington, Amber

From: Blauch, Tammy <tblauch@pasen.gov>
Sent: Thursday, October 29, 2020 9:44 AM
To: Worthington, Amber
Subject: RE: DELIVERY-Confirmation Required: Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice

Our office received the notice.

Tammy Blauch

Executive Secretary
Office of Senator Robert M. Tomlinson
Room 286 Main Capitol Building
Harrisburg, PA 17120
(717)-787-5072
Fax: (717)772-2991
tblauch@pasen.gov



From: Worthington, Amber <agontz@pa.gov>
Sent: Thursday, October 29, 2020 8:24 AM
To: Bulletin <bulletin@palrb.us>; jerry.livingston@pasenate.com; Blauch, Tammy <tblauch@pasen.gov>; Smeltz, Jennifer <jmsmeltz@pasen.gov>; Martin, Megan (OS) <mtmartin@os.pasen.gov>
Cc: Wolfgang, Jacqueline <jawolfgang@pa.gov>
Subject: DELIVERY-Confirmation Required: Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice
Importance: High

● CAUTION : External Email ●

Pursuant to SR 318, authorizing the Legislative Reference Bureau to transmit regulations to the appropriate committees for consideration, we are submitting Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice Sites to the Senate Committee on Consumer Protection & Professional Licensure.

Please provide written (email) confirmation that this rulemaking was received by each of Committee chairs office's.

Amber Worthington, PLS | *Supervising Legal Assistant*
Department of State | Counsel Division Legal Office | Clerical Supervisor 2
2601 North Third Street, P.O. Box 69523
Harrisburg, PA 17106-9523
Phone: 717.783.7200 | Fax: 717.787-0251
www.dos.pa.gov

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Worthington, Amber

From: PA Senator Lisa Boscola <boscola@pasenate.com>
Sent: Thursday, October 29, 2020 9:34 AM
To: Bulletin; Tomllinson, Senator Robert; Livingston, Jerry; Blauch, Tammy; jmsmeltz@pasen.gov
Cc: Martin, Megan; Vincent Deliberato; Duane Searle; A.J. Mendelsohn; Wolfgang, Jacqueline; Worthington, Amber
Subject: RE: DELIVERY-Confirmation Required: Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice

Received, thanks!

From: Bulletin <bulletin@palrb.us>
Sent: Thursday, October 29, 2020 8:59 AM
To: PA Senator Lisa Boscola <boscola@pasenate.com>; Tomllinson, Senator Robert <rtomlinson@pasen.gov>; Livingston, Jerry <Jerry.Livingston@pasenate.com>; Blauch, Tammy <tblauch@pasen.gov>; jmsmeltz@pasen.gov
Cc: Martin, Megan <mtmartin@os.pasen.gov>; Vincent Deliberato <vdeliberato@palrb.us>; Duane Searle <dsearle@palrb.us>; A.J. Mendelsohn <amendelsohn@palrb.us>; Wolfgang, Jacqueline <jawolfgang@pa.gov>; Worthington, Amber <agontz@pa.gov>
Subject: DELIVERY-Confirmation Required: Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice

■ EXTERNAL EMAIL ■

Good Morning:

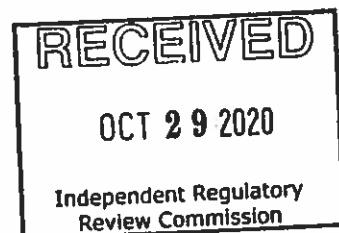
We have attached Final Rulemaking--State Board of Dentistry No. 16A-4633--(Public Health Dental Hygiene Practitioner Practice Sites) and Proposed Rulemaking--State Board of Dentistry No. 16A-4634--(Fees) from the Department of State.

Please confirm receipt of this email by replying to ALL.

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Worthington, Amber

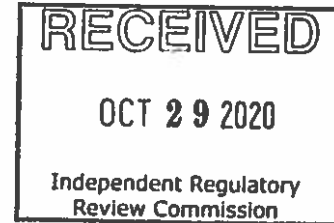
From: Livingston, Jerry <Jerry.Livingston@pasenate.com>
Sent: Thursday, October 29, 2020 9:27 AM
To: Worthington, Amber
Subject: RE: DELIVERY-Confirmation Required: Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice

Received. Thank you.
-JJ

J.J. Livingston

**Executive Director
Senate Consumer Protection & Professional Licensure Committee**

**Senator Lisa M. Boscola, Democratic Chair
458 Main Capitol Building
Harrisburg, PA 17120
(717) 787-4236
Jerry.Livingston@pasenate.com**



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From: Worthington, Amber <agontz@pa.gov>
Sent: Thursday, October 29, 2020 8:24 AM
To: Bulletin <bulletin@palrb.us>; Livingston, Jerry <Jerry.Livingston@pasenate.com>; Blauch, Tammy <tblauch@pasen.gov>; jmsmeltz@pasen.gov; Martin, Megan <mtmartin@os.pasen.gov>
Cc: Wolfgang, Jacqueline <jawolfgang@pa.gov>
Subject: DELIVERY-Confirmation Required: Proposed Rulemaking – 16A-4634 Fees; & Final Rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice
Importance: High

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Please provide written (email) confirmation that this rulemaking was received by each of Committee chairs office's.

Amber Worthington, PLS | Supervising Legal Assistant
Department of State | Counsel Division Legal Office | Clerical Supervisor 2
2601 North Third Street, P.O. Box 69523
Harrisburg, PA 17106-9523
Phone: 717.783.7200 | Fax: 717.787-0251
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