

**STATE OF MAINE**

**BOARD OF DENTAL PRACTICE**

**APPLICATION FOR DENTAL HYGIENE  
PRACTICE AUTHORITY**

- Local Anesthesia



Maine Board of Dental Practice  
143 State House Station  
Augusta, ME 04333-0143

Office Telephone: (207) 287-3333  
Office Facsimile: (207) 287-8140  
TTY users call Maine Relay 711  
Website: [www.maine.gov/dental](http://www.maine.gov/dental)

## **APPLICANT INFORMATION GUIDE**

The application material you have requested from the Board of Dental Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### **FURNISHED TO APPLICANT**

- Application Information Guide
- Practice Authority Application
- Certification of Local Anesthesia Course Completion Form
- Maine's Mandated Reporter Requirements for Suspected Child Abuse website
- Maine's Medical Professionals Health Program website

### **ADDITIONAL RESOURCES**

- Board of Dental Practice Statute, Title 32, Chapter 143

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> or call (207) 287-3333

- Board of Dental Practice Rules

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#313> or call (207) 287-3333

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## APPLICATION INFORMATION GUIDE

- Certificate of Education Form: The Board requires that your local anesthesia course be verified by the educational institution and submitted directly to the Board.
- Mandated Reporter Requirements for Suspected Child Abuse: Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the licensee knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Mandated Reporter Training and additional information regarding mandated reporting can be found at: <https://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information>
- Maine's Medical Professionals Health Program (MPHP): The MPHP works cooperatively with six Maine boards of licensure, hospitals, medical staffs, and professional associations to ensure that professionals in need of treatment and services get the help they need. The MPHP is not a treatment program, but their staff will help professionals to find the resources they need, to better understand the treatment and recovery process, and to implement strategies for return to safe practice. <https://www.mainemphp.org/>
- 10 Day Reporting Requirement: Please be advised, pursuant to 32 MRS §18352, licensees and applicants are to report to the Office, in writing, any change of name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:
- Please submit your application materials to the Board by USPS mail to our office. **Faxed submissions will not be accepted.** Your application will be reviewed and processed in the order that it was received. Application reviews generally take at least two weeks, barring any action required by the full Board, or any high volume renewal of licensure periods.
- Pursuant to M.R.S. Chapter 143 §18341 (3), An applicant has 90 days after being notified of the materials needed to complete the application to submit those materials to the board. You will be notified by mail if there are deficiencies with your application. You may also check the Board's website at [www.maine.gov/dental](http://www.maine.gov/dental). It is the responsibility of the applicant to see that all documentation is completed and returned to the Board for consideration. Failure to complete the application within that 90-day period may result in a denial of the application.

## APPLICATION MATERIALS

### STANDARD APPLICATION

An application for examination shall include:

- Completed and signed Application (pgs. 1-7)
- Payment of fees: application fee \$50.00; authority fee \$50.00
- Completed Certificate of Local Anesthesia Course Form; OR official school transcript
- Passing score of the CDCA local anesthesia examination; OR successful completion of an examination as part of a local anesthesia course. (Board staff to coordinate/obtain examination scores as applicable)
- Current; valid CPR Certification

STATE OF MAINE / BOARD OF DENTAL PRACTICE

**Mailing Address:** 143 State House Station, Augusta, Maine 04333-0143

Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine Relay 711 Website: [www.maine.gov/dental](http://www.maine.gov/dental)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 143 State House Station, Augusta, Maine 04333- 0143.
- **Can I come to Augusta to pick up my license?** No. A new RDH license with the approved authority will be sent electronically to your email address provided on your application.
- **How can I check the status of my application?** You can check the Board's website: [www.maine.gov/dental](http://www.maine.gov/dental)
- **How far back do I go answering the criminal background question?** Disclose information regardless of timeframe.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Maine Board of Dental Practice requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question?
- Sign and date your application?
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records?



STATE OF MAINE
BOARD OF DENTAL PRACTICE

PRACTICE AUTHORITY APPLICATION

(Revised 9/2021)

APPLICANT INFORMATION (please print)
FULL LEGAL NAME FIRST MIDDLE INITIAL LAST
ANY OTHER NAMES EVER USED
DATE OF BIRTH mm/ dd/ yyyy SOCIAL SECURITY NUMBER
MAILING ADDRESS
CITY STATE ZIP CODE COUNTY
PHONE ( ) FAX ( ) E-MAIL

CRIMINAL BACKGROUND DISCLOSURE
NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.
1. Have you ever been charged, summonsed, indicted, arrested or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution?
(circle one) NO YES
If yes, enclose a detailed description of what happened (including dates), police report and a copy of the court judgment.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Maine Board of Dental Practice will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE DATE

Board of Dental Practice
Required Fee: \$100.00
Office Use Only
1421 - \$50.00
1446 - \$50.00
Please Select License Type:
[ ] Standard (LAN) - Local Anesthesia Authority
Office Use Only
Check # \_\_\_\_\_
Amount: \_\_\_\_\_
Cash #: \_\_\_\_\_
License #: \_\_\_\_\_

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:
NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST
I authorize the Maine Board of Dental Practice to charge my
[ ] VISA [ ] M/C [ ] Discover [ ] AMEX the following amount: \$ \_\_\_\_\_
Card number: XXXX-XXXX-XXXX-XXXX Expiration Date mm / yyyy

SIGNATURE DATE

**High School Education**

Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Major:	Degree Granted:	Date Conferred:

**Dental Hygiene Education**

Name of Dental School Attended:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

**Current or Intended Place of Employment**

Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

**Previous Employment**

List in chronological order all professional experience including full work history.

Dates	Name of Practice	Address	Name of Supervising Dentist

### **Licensure / Disciplinary Questions**

The following questions must be answered. If you circle "YES" to any question numbered 1 through 18, then please provide additional information such as a written explanation regarding the disclosure, along with additional documentation relevant to the disclosure.

1. Have you ever submitted an application for a professional or occupational license, certification, registration, or permit to any authority, other than the Maine Board of Dental Practice, that was not approved or that was approved subject to a condition, limitation, or restriction?

YES      NO

2. Has any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, ever disciplined or otherwise imposed any sanctions, fines, probation, limitations, or restrictions on any license, certification, registration, or permit held by you?

YES      NO

3. Have you ever entered into any type of settlement agreement with any professional or occupational licensing, registration, or certifying authority other than the Maine Board of Dental Practice?

YES      NO

4. Are you aware of any complaints filed with any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, against any license, certification, registration, or permit held by you, for which you have not received a notice of final dismissal?

YES      NO

5. Are you aware of any investigations or inquiries undertaken by any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, that involve, to any extent, any license, certification, registration, or permit held by you, for which you have not received a notice of final closure or dismissal?

YES      NO

6. Have your practice privileges ever been restricted?

YES      NO

7. Have you ever left a dental licensing jurisdiction, other than the Maine Board of Dental Practice, while a complaint or allegation was pending?

YES      NO



**Licensure / Disciplinary Questions (Continued)**

8. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?

YES                      NO

9. Have you ever rendered any dental services illegally?

YES                      NO

10. Are you currently dependent on the use of alcohol or habituating drugs?

YES                      NO

11. Are you currently engaged in the illegal use of drugs or misuse of any drugs?

YES                      NO

12. Are you currently participating in a substance abuse and/or alcohol or drug treatment program, or have you been diagnosed with a substance abuse disorder that in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

YES                      NO

13. Do you currently use any chemical substance(s), including alcohol or drugs, which in any way impairs or affects your ability to practice your dental profession with reasonable skill and safety?

YES                      NO

14. Do you have or have you ever been diagnosed with or treated for a medical, mental, physical, emotional, nervous, or behavioral disorder or condition that in any way currently limits or impairs your ability to practice safely or to function as a dental professional?

YES                      NO

15. Have you ever asserted any condition or impairment as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?

YES                      NO

16. Have you been named in any lawsuit involving your practice as a dental professional that was adjudicated to any degree in favor of the other party?

YES                      NO

**Licensure / Disciplinary Questions (Continued)**

17. Have you been named in any lawsuit involving your practice as a dental professional that was settled by the parties?

YES                      NO

18. Are you currently in default on payment of student loans?

YES                      NO

**Maine Statutes and Rules**

19. Have you read the statutes and rules governing dental practices in Maine?

YES                      NO

**Affidavit of Applicant**

I have read and completed this application and attest that all information is true to the best of my knowledge. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice dental hygiene in the State of Maine.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Maine Board of Dental Practice, my references and information, files, or records requested by the Board in connection with processing of this application. I hereby authorize the Maine Board of Dental Practice to use photocopies of this authorization and waiver in lieu of the original.

I further authorize the Maine Board of Dental Practice to release to the organizations, individuals and groups listed above, any information which is material to my application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**STATE OF MAINE  
BOARD OF DENTAL PRACTICE**

**CERTIFICATE OF COMPLETION – LOCAL ANESTHESIA COURSE**

I am applying to administer local anesthesia under the direct supervision of a dentist in the state of Maine. The Maine board requires verification of successful completion of a local anesthesia course and examination. This is your authority to release any information in your files directly to the Maine Board at the address below.

**THIS SECTION TO BE COMPLETED BY THE APPLICANT.**

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Dates of attendance: from \_\_\_\_\_ to \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY THE DEAN, SECRETARY OR REGISTRAR OF THE SCHOOL OR ORGANIZATION.**

I hereby certify that the above named applicant successfully completed a local anesthesia course and passed the required course examination.

Name of school/organization \_\_\_\_\_

Address of school/organization \_\_\_\_\_

Date course was completed: \_\_\_\_\_

Name & title of school/organization official: \_\_\_\_\_

Official's signature \_\_\_\_\_ dated: \_\_\_\_\_

**PLEASE PLACE  
SCHOOL SEAL  
HERE**

**Mail to:**  
Maine Board of Dental Practice  
143 State House Station  
Augusta, ME 04333-00143