

2010 Application for Inactive License Status

POST OFFICE BOX 7246, BISMARCK, NORTH DAKOTA 58507-7246

Phone: (701) 258-8600 E-Mail: ndsbd@apt.com Web page: www.nddentalboard.org

OFFICE USE ONLY - Postmark Date: _____ Date Received _____ Amount _____ Check # _____

In accordance with NDCC § 43-20-06, upon payment of a fee determined by the board, a licensee may request to have the licensee's license placed on INACTIVE STATUS upon expiration of the license. While on inactive status, the individual may not engage in the practice of dentistry or dental hygiene in the state until the individual submits a renewal application, pays the renewal fee, and meets any additional requirements established by rule of the board.

If you wish to maintain your inactive license, please complete the form below and submit with the \$35.00 fee. If your application is not postmarked on or before December 31, 2009, you will need to pay the \$35 late fee in addition to the \$35 renewal fee. If your application is not received by February 25, 2010, your license will no longer be held on inactive status. It will be revoked.

PLEASE PRINT!

Full Name (First, Middle, Last)	Maiden Name	Current License Number	
Date of Birth		Home Phone	
Home Address			
City	State	Zip Code + 4	County
Email address			

1. Have you been named as a defendant or respondent in any malpractice proceeding within the last 12 months?
Yes _____ (Attach explanation) No _____
2. Have you been charged with or convicted of any crime, felony or misdemeanor within the last 12 months?
Yes _____ (Attach explanation) No _____
3. Have you been cited for operating a motor vehicle while under the influence of drugs or alcohol within the past 12 months?
Yes _____ (Attach explanation) No _____
4. I wish to inactivate my (circle one) RDH DDS license.

I understand that I must pay the required annual inactive status fee; however, I need not comply with the continuing education requirement. Prior to reactivating my license, I must complete a reinstatement application and submit the required continuing education.

I certify that the information provided is true and correct. I understand that it is a violation of NDCC § 43-28-17 to make any false or untrue statement in the application. Making false or untrue statements may lead to loss of registration.

Signature: _____ Date: _____

Annual Inactive Status Application Fee: \$35.00.

Make check payable to NDSBDE. *Incomplete applications will be returned and not be processed. Late fees apply to all incomplete applications.* A late fee of \$35.00 will be assessed for applications postmarked after December 31st, 2009.