

REQUEST FOR TECHNICAL CHANGE

AGENCY: Board of Dental Examiners

RULE CITATION: 21 NCAC 16B .0301

DEADLINE FOR RECEIPT: February 11, 2020

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a)(34), just to be clear, this request is based on the applicant's knowledge, correct?

In (a)(37), does the Board's request for this information comply with S.L. 2019-91, Sec. 4?

In (a)(46), is this a statement from the applicant or a physician?

In (a)(46), who determines whether a condition occurred "recently enough that the condition or impairment may affect the applicant's ability to function as a dentist?" How do they make this determination? Are a set of factors considered?

On page 4, lines 29 and 30, do you mean "may" or "shall?"

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Ashley Snyder
Commission Counsel
Date submitted to agency: January 28, 2020

21 NCAC 16B .0301 is amended as published in 34:10 NCR 857-60 as follows:

SECTION .0300 - APPLICATION FOR LICENSURE

21 NCAC 16B .0301 APPLICATION FOR LICENSURE

(a) All applications for licensure as a dentist shall be made on the forms furnished by the Board at www.ncdentalboard.org and ~~no application shall be deemed complete that does not set forth all the required information. Incomplete applications will be returned to the applicant. Any applicant who changes his or her address shall notify the Board office within 10 business days. Applicants shall ensure that official transcripts of undergraduate college and dental school are sent in a sealed envelope to the Board office.~~ shall include the following information:

- (1) full name;
- (2) street address as of the date of the application;
- (3) permanent street address;
- (4) preferred mailing address for all information;
- (5) telephone number;
- (6) email address;
- (7) age;
- (8) date of birth;
- (9) place of birth;
- (10) citizenship or immigration status, with verifying documentation;
- (11) social security number;
- (12) marital status;
- (13) any other name by which the applicant was known in the past, accompanied by a certified copy of a court order of name change, if applicable;
- (14) all resident addresses for the 10 years preceding the date of application;
- (15) the names, addresses, and phone numbers for two individuals to whom the applicant always provides the applicant's current address;
- (16) disclosure and explanation of any bankruptcy proceedings in which the applicant was a named party;
- (17) the license number, issuing state, and expiration date for all current drivers' licenses held by the applicant, and the issuing state for all drivers' licenses held in the past by the applicant;
- (18) the date of the applicant's previous application for examination by the Board, if applicable;
- (19) the date and type of any dental permit or provisional license for which the applicant applied in the past, if applicable;
- (20) if the applicant failed an examination administered by a dental board, the date of the examination and jurisdiction of the dental board that administered the examination;
- (21) if any dental board has refused to administer an examination to applicant, the jurisdiction of the dental board that refused to administer the examination and the date of the refusal;

- 1 (22) the dates upon which the applicant has taken the Dental National Board Examination, the location
2 of the examination, and authorization for the Board to access the examination scores;
- 3 (23) if the applicant failed the Dental National Board Examination, the date of the failed examination;
- 4 (24) if the applicant has applied for a dental license in any other state or foreign country, the date of the
5 application and whether the license was issued to the applicant;
- 6 (25) all employment held by the applicant for the past 10 years other than dentistry;
- 7 (26) if the applicant was terminated from employment within the past 10 years, an explanation regarding
8 the termination;
- 9 (27) all dental licenses from other jurisdictions ever held by the applicant, including type of licensure,
10 license number, and dates of licensure;
- 11 (28) if the applicant has ever been suspended or otherwise disqualified, or reprimanded, censured, or
12 otherwise disciplined by any licensing board, professional organization, or while the applicant was
13 holding public office, a written statement disclosing:
- 14 (A) the facts that formed the basis for the discipline;
- 15 (B) the date of the discipline;
- 16 (C) whether the applicant appealed the discipline and the outcome of any appeal; and
- 17 (D) the name and address of the authority in possession of records related to discipline;
- 18 (29) if the applicant has ever been the subject of a complaint with any licensing board, professional
19 organization, or while the applicant was holding public office, a written statement disclosing:
- 20 (A) the facts that gave rise to the complaint;
- 21 (B) the date of the complaint;
- 22 (C) whether the organization that received the complaint instituted proceedings against the
23 applicant; and
- 24 (D) the name and address of the authority in possession of records related to the complaint;
- 25 (30) if the applicant has ever been reported to the National Practitioner Data Bank or the Healthcare
26 Integrity and Protection Data Bank, a written statement disclosing:
- 27 (A) the facts that formed the basis for the report;
- 28 (B) the date of the report; and
- 29 (C) the name and address of the authority in possession of records related to the report;
- 30 (31) if the applicant is a diplomate, board-eligible, or a declared specialist in any branch of dentistry, a
31 statement of specialty and how he or she is qualified;
- 32 (32) if the applicant has taken any post-graduate training or refresher courses, other than continuing
33 education courses, since receiving his or her dental degree, a written statement of the dates,
34 locations, and names of the training or refresher courses;
- 35 (33) if the applicant has ever been dropped, suspended, expelled, or disciplined by any post-secondary
36 school or college, a written statement disclosing:
- 37 (A) the facts leading to the discipline;

- 1 (B) the date of the discipline; and
- 2 (C) the school or college issuing the discipline;
- 3 (34) if the applicant has ever been denied admission to any college or post-secondary school for a reason
- 4 other than academic qualifications, a written statement explaining the reason for the admission
- 5 denial;
- 6 (35) if the applicant has ever served in the armed forces of the United States or any other country, a
- 7 written statement explaining:
- 8 (A) whether the applicant has been separated from service;
- 9 (B) the nature of the separation;
- 10 (C) if other than honorable, the circumstances surrounding his or her release from service;
- 11 (D) dates of service;
- 12 (E) the facts leading to any charges or complaints made or filed against the applicant while the
- 13 applicant was serving in the armed forces, and the outcome of the charges or complaints;
- 14 (F) the facts leading to any disciplinary proceedings instituted against the applicant while
- 15 serving in the armed forces, and the outcome of the proceedings; and
- 16 (G) if the applicant was ever a defendant in any court martial, the facts giving rise to those
- 17 proceedings and the outcome of the proceedings;
- 18 (36) a statement of whether the applicant has registered under the Military Selective Service Act;
- 19 (37) a statement of whether the applicant has ever:
- 20 (A) been summoned to court or before a magistrate for the violation of any law or ordinance or
- 21 for the commission of any felony or misdemeanor;
- 22 (B) been arrested for the violation of any law or ordinance or for the commission of any felony
- 23 or misdemeanor;
- 24 (C) been taken into custody for the violation of any law or ordinance or for the commission of
- 25 any felony or misdemeanor;
- 26 (D) been indicted for the violation of any law or ordinance or for the commission of any felony
- 27 or misdemeanor;
- 28 (E) been convicted or tried for the violation of any law or ordinance or for the commission of
- 29 any felony or misdemeanor;
- 30 (F) been charged with the violation of any law or ordinance or for the commission of any
- 31 felony or misdemeanor; or
- 32 (G) pleaded guilty to the violation of any law or ordinance or for the commission of any felony
- 33 or misdemeanor;
- 34 (38) if the applicant has been admitted to practice dentistry in any jurisdiction, a certified statement
- 35 disclosing all the dental practices at which the applicant has worked from dental school graduation
- 36 to the date of the application, including:
- 37 (A) the dates during which the applicant was employed as a dentist or engaged in practice;

- 1
2 (B) the addresses of offices of places at which the applicant was employed or practicing, and
3 the names and addresses of all employers, partners, associates, or other dentists sharing
4 office space;
5 (C) whether the applicant was practicing general dentistry or a specialty; and
6 (D) the reason for the termination of each employment or period of private practice;
7 (39) if the applicant has ever held any other health care license, a written statement disclosing:
8 (A) the type of license held by the applicant;
9 (B) the dates the applicant held the license; and
10 (C) the licensing board that issued the license;
11 (40) if the applicant has ever held hospital privileges and those privileges were suspended or revoked, a
12 written statement disclosing the date, location, and reason the privileges were suspended or revoked;
13 (41) if the applicant has ever held a federal Drug Enforcement Administration license or registration
14 number and, if that license or registration number has ever been revoked, suspended, or surrendered,
15 a written statement disclosing the date, location, and reason for the revocation, suspension, or
16 decision to surrender the license or registration number;
17 (42) the applicant's post-high school, pre-dental education, including the name and location of the
18
19 (43) each degree conferred upon the applicant, including the date of the degree and institution;
20 (44) copies of the applicant's transcripts of undergraduate college;
21 (45) the name and location of each dental school that the applicant attended, the period of attendance,
22 the degree conferred upon applicant, and the institution that conferred the degree;
23 (46) a statement disclosing and explaining any current condition or impairment, including substance
24 abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition, that in any way
25 affects the ability to practice dentistry. For purposes of this rule, "current" means recently enough
26 that the condition or impairment may affect the applicant's ability to function as a dentist as set out
27 in G.S. 90-41(a)(2) and (7). If the applicant contends that the condition or impairment is reduced or
28 ameliorated because the applicant is receiving ongoing treatment or participating in a monitoring or
29 support program, the applicant may provide information regarding the treatment or program, and
30 may include any verification demonstrating that the applicant has complied with all provisions and
31 terms of any drug treatment program, or impaired dentists or other impaired professionals program;
32 (47) a photograph of the applicant, taken within six months prior to the date of the application;
33 (48) a completed fingerprint record card and signed release of information form authorizing the Board
34 to request a fingerprint-based criminal history record check from the North Carolina State Bureau
35 of Investigation (SBI);
36 (49) a copy of an unexpired CPR certificate; and

1 (50) if the applicant holds, or has held in the past, a dental license in any other state or jurisdiction, a
2 copy of a National Practitioner Data Bank Report concerning the applicant that was obtained within
3 six months prior to the date the Report is submitted to the Board.

4 (b) The applicant shall submit to the Board the notarized application form with all the information and materials listed
5 in Paragraph (a) of this Rule, accompanied by the ~~The nonrefundable application fee set forth in Rule 16M .0101 of~~
6 this Chapter, shall accompany the application.

7 (c) ~~Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the~~
8 ~~board of each state in which they are licensed. In addition to the requirements of Paragraphs (a) and (b) of this Rule,~~
9 the applicant shall request the applicable entity to send the following required information or documents to the Board
10 office, with each document in an unopened envelope sealed by the entity involved:

11 (1) the applicant's official transcripts from a dental school accredited by the Commission on Dental
12 Accreditation of the American Dental Association;

13 (2) if the applicant is licensed in other states, a certificate of the applicant's licensure status from the
14 dental regulatory authority or other occupational or professional regulatory authority, accompanied
15 by a disclosure of any disciplinary action taken or investigation pending, from all licensing
16 jurisdictions where the applicant holds or has ever held a dental license or other occupational or
17 professional license; and

18 (3) examination scores required by Rule .0303(b) of this Subchapter that shall include the American
19 Board of Dental Examiners (ADEX) dental licensure examinations.

20 (d) ~~A photograph of the applicant, taken within six months prior to the date of the application, shall be affixed to the~~
21 ~~application. The Board shall receive all information and documentation set forth in Paragraphs (a) through (c) of this~~
22 Rule and the applicant's passing scores on all examinations required by Rule .0303 of this Subchapter for the
23 application to be complete. Applications that are not completed within one year of being submitted to the Board shall
24 be disregarded as expired without a refund of the application fee.

25 (e) ~~All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and such other~~
26 ~~form(s) required to perform a criminal history check at the time of the application. The form and card are available~~
27 ~~from the Board office. Any applicant who changes his or her address shall notify the Board office in writing within 10~~
28 business days.

29 (f) ~~All applicants shall arrange for and ensure the submission to the Board office the examination scores as required~~
30 ~~by Rule .0303(b) of this Subchapter, if applicable. The examination requirement does not apply to individuals who do~~
31 ~~not hold a North Carolina dental license and who are seeking volunteer licenses pursuant to G.S. 90-21.107 or licensure~~
32 ~~by endorsement pursuant to Rules .1001 or .1002 of this Subchapter. Any license obtained through fraud or by any~~
33 false representation shall be revoked.

34 (g) ~~All applicants shall include a statement disclosing and explaining periods within the last 10 years, of any voluntary~~
35 ~~or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance~~
36 ~~abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any drug~~
37 treatment program, or impaired dentists or other impaired professionals program.

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2 *History Note:* Authority G.S. 90-28; 90-30; 90-39; 90-41; 90-48;
3 *Eff. September 3, 1976;*
4 *Readopted Eff. September 26, 1977;*
5 *Amended Eff. September 1, 2014; March 1, 2006;*
6 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
7 *2018-2018;*
8 *Amended Eff. March 1, 2020.*
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REQUEST FOR TECHNICAL CHANGE

AGENCY: Board of Dental Examiners

RULE CITATION: 21 NCAC 16B .0501

DEADLINE FOR RECEIPT: February 11, 2020

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

On page 3, line 2, please change "must" to "shall."

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Ashley Snyder
Commission Counsel
Date submitted to agency: January 28, 2020

21 NCAC 16B .0501 is amended as published in 34:10 NCR 860-61 as follows:

SECTION .0500 – LICENSURE BY CREDENTIALS

21 NCAC 16B .0501 DENTAL LICENSURE BY CREDENTIALS

(a) An applicant for a dental license by credentials shall submit to the Board:

- (1) a ~~completed~~, notarized application form provided by the ~~Board~~ Board at www.ncdentalboard.org that includes the information and materials required by Rule .0301(a) of this Subchapter;
- (2) the non-refundable licensure by credentials ~~fee~~ fee set forth in Rule 16M .0101 of this Chapter;
- (3) an affidavit from the applicant stating for the five ~~years immediately preceding the application~~ year period set out in G.S. 90-36(c)(1):
 - (A) the dates that and locations where the applicant has practiced dentistry;
 - (B) that the applicant has provided at least 5,000 hours of clinical care ~~directly~~ to patients, not including post graduate training, residency programs or an internship; and
 - (C) that the applicant has ~~continuously~~ held an active, unrestricted dental license issued by another U.S. state or U.S. ~~territory~~ territory, without any period of interruption; and
- (4) a statement disclosing and explaining any investigations, malpractice claims, or state or federal agency complaints, judgments, settlements, or criminal charges; or settlements that are related to licensure and are not disclosed elsewhere in the application.
- ~~(5) a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dentists or other impaired professionals program;~~
- ~~(6) a copy of a current CPR certificate; and~~
- ~~(7) a statement disclosing whether or not the applicant holds or has ever held a registration with the federal Drug Enforcement Administration (DEA) and whether such registration has ever been surrendered or revoked.~~

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a dental license by credentials shall arrange for and ensure the submission to the Board office request the applicable entity to send the following required information or documents as a package, to the Board office, with each document in an unopened envelope sealed by the entity involved:

- (1) the applicant's official transcripts ~~verifying that the applicant graduated~~ from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association;
- ~~(2) if the applicant is or has ever been employed as a dentist by or under contract with a federal agency, a letter certifying the applicant's current status and disciplinary history from each federal agency where the applicant is or has been employed or under contract;~~

- 1 ~~(3)(2)~~ a certificate of the applicant's licensure status from the dental regulatory authority or other
2 occupational or professional regulatory authority and a ~~full, fair and accurate~~ disclosure of any
3 disciplinary action taken or investigation pending, from all licensing jurisdictions where the
4 applicant holds or has ever held a dental license or other occupational or professional license;
5 (3) examination scores required by Rule .0303(b) of this Subchapter;
6 ~~(4) a report from the National Practitioner Databank;~~
7 ~~(5)(4)~~ a report of any pending or final malpractice actions against the applicant verified by the malpractice
8 insurance carrier covering the applicant. ~~The applicant shall submit a letter of coverage history from~~
9 ~~all current and all previous malpractice insurance carriers covering the applicant; and~~
10 (5) a letter of coverage history from all current and all previous malpractice insurance carriers covering
11 the applicant.
12 ~~(6) a score certification letter from a dental professional regulatory board or regional testing agency of~~
13 ~~a passing score on a clinical licensure examination substantially equivalent to the clinical licensure~~
14 ~~examination required in North Carolina by Rule .0303 of this Subchapter. The examination shall be~~
15 ~~administered by the dental professional regulatory board or a regional testing agency. The score~~
16 ~~certification letter shall:~~
17 ~~(A) state that the examination included procedures performed on human subjects as part of the~~
18 ~~assessment of restorative clinical competencies and included evaluations in periodontics~~
19 ~~and at least three of the following subject areas:~~
20 ~~(i) endodontics, clinical abilities testing;~~
21 ~~(ii) amalgam preparation and restoration;~~
22 ~~(iii) anterior composite preparation and restoration;~~
23 ~~(iv) posterior ceramic or composite preparation and restoration;~~
24 ~~(v) prosthetics, written or clinical abilities testing;~~
25 ~~(vi) oral diagnosis, written or clinical abilities testing; or~~
26 ~~(vii) oral surgery, written or clinical abilities testing; and~~
27 ~~(B) state that licensure examinations after January 1, 1998 included:~~
28 ~~(i) anonymity between candidates and examination graders;~~
29 ~~(ii) standardization and calibration of graders; and~~
30 ~~(iii) a mechanism for post exam analysis;~~
31 ~~(7) the applicant's passing score on the Dental National Board Part I and Part II written examination~~
32 ~~administered by the Joint Commission on National Dental Examinations; and~~
33 ~~(8) the applicant's passing score on the licensure examination in general dentistry conducted by a~~
34 ~~regional testing agency or independent state licensure examination substantially equivalent to the~~
35 ~~clinical licensure examination required in North Carolina as set out in Subparagraph (b)(6) of this~~
36 ~~Rule.~~

1 ~~(c) All information required shall be completed and received by the Board office as a complete package with the~~
2 ~~initial application and application fee. Incomplete applications shall be returned to the applicant. The Board must~~
3 ~~receive all information and documentation set forth in Paragraphs (a) and (b) of this Rule and the applicant's passing~~
4 ~~scores on all examinations required by Rule .0303 of this Subchapter for the application to be complete. Applications~~
5 ~~that are not completed within one year of being submitted to the Board shall be disregarded as expired without a refund~~
6 ~~of the application fee.~~

7 ~~(d) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and other~~
8 ~~form(s) required to perform a criminal history check at the time of the application. The forms are available at the~~
9 ~~Board office.~~

10 ~~(e)(d) An applicant for dental licensure by credentials must shall pass written examinations as set out in G.S. 90-36~~
11 ~~Rule .0303(a) of this Subchapter, and, if deemed necessary based on the applicant's history, a clinical simulation~~
12 ~~examination administered by the Board. An applicant who fails the written examination may retake it two additional~~
13 ~~times during a one year period. The applicant shall wait at least 72 hours before attempting to retake a written~~
14 ~~examination. Individuals who fail the clinical examination or do not pass the written examination after three attempts~~
15 ~~within one year may not reapply for licensure by credentials.~~

16 ~~(e) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.~~

17 ~~(f) Should the applicant reapply for licensure by credentials, an additional licensure by credentials fee shall be required~~
18 ~~at the time of each reapplication.~~

19 ~~(g)(f) Any license obtained through fraud or by any false representation shall be void ab initio and of no~~
20 ~~effect, revoked.~~

21
22 *History Note: Authority G.S. 90-28; 90-36;*

23 *Temporary Adoption Eff. January 1, 2003;*

24 *Eff. January 1, 2004;*

25 *Recodified from 21 NCAC 16B .0401 Eff. March 1, 2006;*

26 *Amended Eff. September 1, 2014; February 1, 2010;*

27 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
28 *2018-2018;*

29 *Amended Eff. March 1, 2020.*
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21 NCAC 16B .0601 is amended as published in 34:10 NCR 861-63 as follows:

SECTION .0600 – LIMITED VOLUNTEER DENTAL LICENSE

21 NCAC 16B .0601 LIMITED VOLUNTEER DENTAL LICENSE

(a) An applicant for a limited volunteer dental license shall submit to the Board:

- (1) a ~~completed~~, notarized application form provided by the ~~Board~~ Board at www.ncdentalboard.org that includes the information and materials required by Rule .0301(a) of this Subchapter;
- (2) the non-refundable limited volunteer dental licensure ~~fee~~ fee set forth in Rule 16M .0101 of this Chapter;
- (3) an affidavit from the applicant stating:
 - (A) for the five consecutive years immediately preceding the date of the application, the dates that and locations where the applicant has practiced dentistry;
 - (B) that the applicant has provided at least 1,000 hours per year of clinical care ~~directly to~~ patients for at least five years, not including post graduate training, residency programs or an internship; and
 - (C) that the applicant has provided at least 500 hours of clinical care ~~directly to~~ patients within the ~~last five years, years preceding the date of the application~~, not including post graduate training, residency programs or an internship; and
- (4) ~~a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to a hospital or treatment facility, of observation, assessment, or treatment for substance abuse, with verification from the applicable program demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dentists or other impaired professionals program; and a statement disclosing and explaining any investigations, malpractice claims, or state or federal agency complaints, judgments, or settlements that are related to licensure and are not disclosed elsewhere in the application.~~
- (5) ~~a copy of a current CPR certification card.~~

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a limited volunteer dental license shall ~~arrange for and ensure the submission to the Board office the following documents as a package, with each document in an unopened envelope sealed by the entity involved;~~ satisfy the requirements in Rule .0501(b) of this Subchapter.

- (1) ~~official transcripts verifying that the applicant graduated from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association;~~
- (2) ~~a certificate of the applicant's licensure status from the dental regulatory authority or other occupational or professional regulatory authority and, if applicable, of the applicant's authorization to treat veterans or personnel enlisted in the United States armed services, and information regarding~~

all disciplinary actions taken or investigations pending, from all licensing jurisdictions where the applicant holds or has ever held a dental license or other occupational or professional license;

(3) ~~a report from the National Practitioner Databank;~~

(4) ~~a report of any pending or final malpractice actions against the applicant verified by the malpractice insurance carrier covering the applicant. The applicant shall submit a letter of coverage history from all current and all previous malpractice insurance carriers covering the applicant;~~

(5) ~~the applicant's passing score on the Dental National Board Part I and Part II written examination administered by the Joint Commission on National Dental Examinations; and~~

(6) ~~the applicant's passing score on a licensure examination in general dentistry substantially equivalent to the clinical licensure examination required in North Carolina as set out in Rule .0303 of this Subchapter, conducted by a regional testing agency or a state licensing board.~~

(c) ~~All information required shall be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete applications shall be returned to the applicant. The Board shall receive all information and documentation required under Paragraphs (a) and (b) of this Rule and the applicant's passing scores on all examinations required by Rule .0303 of this Subchapter for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired without a refund of the application fee.~~

(d) ~~All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and such other form(s) required to perform a criminal history check at the time of the application. The forms are available at the Board.~~

(e)(d) ~~An applicant for limited volunteer dental license must shall pass written examinations as set out in G.S. 90-37.1 Rule .0303(a) of this Subchapter. and, if deemed necessary by the Board based on the applicant's history, a clinical simulation examination administered by the Board. An applicant who fails the written exam may retake it two additional times during a one-year period. The applicant shall wait a minimum of 72 hours before attempting to retake a written examination. Applicants who fail the clinical examination or who do not pass the written examination after three attempts in one year may not reapply for a limited volunteer dental license.~~

(f) ~~Should the applicant reapply for a limited volunteer dental license, an additional limited volunteer dental license fee shall be required.~~

(e) ~~A North Carolina licensee who holds an active dental license may request his or her active dental license be converted to a limited volunteer dental license by submitting a written request to the Board office. A North Carolina active licensee making this request is not subject to Paragraphs (a) through (d) of this Rule.~~

(f) ~~Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.~~

(g) ~~Any license obtained through fraud or by any false representation shall be void ab initio and of no effect, revoked.~~

(h) ~~The license may be renewed on an annual basis provided that the licensee provides documentation that he or she has practiced a minimum of 100 hours, completed continuing education requirements as required in Subchapter 16R of these Rules and has current CPR certification.~~

1 *History Note:* *Authority G.S. 90-28; 90-37.1;*
2 *Temporary Adoption Eff. January 1, 2003;*
3 *Eff. January 1, 2004;*
4 *Recodified from 21 NCAC 16B .0501 Eff. March 1, 2006;*
5 *Amended Eff. September 1, 2014;*
6 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
7 *2018-2018;*
8 *Amended Eff. March 1, 2020.*

21 NCAC 16B .0701 is amended as published in 34:10 NCR 863 as follows:

SECTION .0700 – INSTRUCTOR'S LICENSE

21 NCAC 16B .0701 INSTRUCTOR'S LICENSE

(a) An applicant for an instructor's license shall submit to the Board:

- (1) a ~~completed,~~ notarized application form provided by the Board at ~~www.ncdentalboard.org~~ www.ncdentalboard.org that includes the information and materials required by Rule .0301(a) of this Subchapter;
- (2) the non-refundable instructor's licensure fee; ~~fee set forth in Rule 16M .0101 of this Chapter; and~~
- (3) ~~a photograph of the applicant, taken within six months prior to the date of the application, affixed to the application;~~
- (4) ~~a signed release form and completed Fingerprint Record Card, and other form(s) required to perform a criminal history check at the time of the application. The form and card are available from the Board office;~~
- (5)(3) a statement disclosing and explaining any ~~disciplinary actions, investigations, malpractice claims, or state or federal agency complaints, judgments, settlements, or criminal charges; or settlements that are related to licensure and are not disclosed elsewhere in the application.~~
- (6) ~~a statement disclosing and explaining periods within the last ten years of any voluntary or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dentists or other impaired professionals program; and~~
- (7) ~~a current CPR card.~~

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for an instructor's license shall ~~ensure the submission to the Board office of request the applicable entity to send~~ the following required information or documents as a package, to the Board office, with each document in an unopened envelope sealed by the entity involved:

- (1) if the applicant is or has ever been employed as a dentist by or under contract with ~~an~~ a government agency or a nonprofit or for-profit organization, a certification letter of the applicant's current status and disciplinary history from each agency or organization where the applicant is or has been employed or under contract;
- (2) a certificate of the applicant's licensure status from the dental regulatory authority or other occupational or professional regulatory authority and information regarding all disciplinary actions taken or investigations pending, from all licensing jurisdictions where the applicant holds or has ever held a dental license or other occupational or professional license;
- (3) ~~a report from the National Practitioner Databank or its international equivalent, if applicable;~~

- 1 ~~(4)(3)~~ a report of any pending or final malpractice actions against the applicant, verified by the malpractice
2 insurance carrier covering the applicant. ~~The applicant shall submit a letter of coverage history from~~
3 ~~all current and all previous malpractice insurance carriers covering the applicant; and~~ applicant;
4 (4) a letter of coverage history from all current and all previous malpractice insurance carriers covering
5 the applicant; and
6 (5) a certification letter from the dean or director that the applicant has met or been approved under the
7 credentialing standards of a dental school or an academic medical center with which the person is
8 to be affiliated, and certification that ~~such the~~ school or medical center is accredited by the American
9 Dental Association's Commission on Accreditation or the Joint Commission on Accreditation of
10 Health Care Organizations.
- 11 ~~(c) All information required shall be completed and received by the Board office as a complete package with the~~
12 ~~initial application and application fee. Incomplete applications shall be returned to the applicant. The Board shall~~
13 receive all information and documentation set forth in Paragraphs (a) and (b) of this Rule for the application to be
14 complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded
15 as expired without a refund of the application fee.
- 16 (d) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.
- 17 ~~(e) Should the applicant reapply for an instructor's license, an additional instructor's license fee shall be required.~~
- 18 ~~(f)(c)~~ Any license obtained through fraud or by any false representation shall be ~~void ab initio and of no effect.~~ revoked.
- 19 ~~(g) The license shall be renewed on an annual basis, as set out in 21 NCAC 16R .0102.~~

20

21 *History Note: Authority G.S. 90-28; 90-29.5;*
22 *Temporary Adoption Eff. January 1, 2003;*
23 *Eff. January 1, 2004;*
24 *Recodified from 21 NCAC 16B .0601 Eff. March 1, 2006;*
25 *Amended Eff. September 1, 2014;*
26 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
27 *~~2018.~~2018;*
28 *Amended Eff. March 1, 2020.*
29

REQUEST FOR TECHNICAL CHANGE

AGENCY: Board of Dental Examiners

RULE CITATION: 21 NCAC 16B .0801

DEADLINE FOR RECEIPT: February 11, 2020

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a)(13), what is the "competency examination?" Is it the same as the clinical examination in G.S. 90-37.2(a)?

In (a)(17), is this a statement from the applicant or a physician?

In (a)(17), who determines whether a condition occurred "recently enough that the condition or impairment may affect the applicant's ability to function as a dentist?" How do they make this determination? Are a set of factors considered?

On page 2, line 13, do you mean "may" or "shall" in both instances?

In (c), please change "must" to "shall."

In (e), when or how often does this permit have to be renewed?

On page 3, line 17, please change "must" to "shall."

In (f), just to be clear, is this an exemption from the general five day requirement at lines 17-19?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Ashley Snyder
Commission Counsel
Date submitted to agency: January 28, 2020

21 NCAC 16B .0801 is amended as published in 34:10 NCR 863-65 as follows:

SECTION .0800 – SPECIAL RESTRICTED LICENSES

21 NCAC 16B .0801 TEMPORARY VOLUNTEER DENTAL PERMIT

(a) An applicant for a ~~Temporary Volunteer Dental License~~ temporary volunteer dental permit shall submit to the ~~Board~~ Board an application form provided by the Board at www.ncdentalboard.org that includes the following information:

- ~~(1) A completed, notarized application form provided by the Board, with a photograph of the applicant taken within six months of the application date attached;~~
- ~~(2) A statement from all jurisdictions in which the applicant is now or has ever been licensed, disclosing the applicant's disciplinary history and current status of the applicant's license;~~
- ~~(3) A statement signed by a N.C. licensed dentist agreeing to provide supervision or direction to the temporary volunteer dentist, stating where, during the effective period of the permit such supervision or direction will occur, and affirming that no fee or monetary compensation of any kind will be paid to the applicant for dental services performed; and~~
- ~~(4) A statement signed by the applicant stating where the applicant will practice, the type of facility where the practice will occur, the duration of the practice, the name of the supervising dentist, and affirming that no fee will be charged or accepted. The applicant shall update the information within five days of any changes in the practice location or facility.~~
- (1) full name;
- (2) street address;
- (3) employer name and address, and the applicant's position title;
- (4) work, home, and cellular telephone numbers;
- (5) fax number;
- (6) email address;
- (7) any other name by which the applicant was known in the past;
- (8) social security number;
- (9) citizenship or immigration status, with verifying documentation;
- (10) authorization to work in the United States;
- (11) dental education, including dental school name, address, and the applicant's graduation date, and any other dental post-graduate education;
- (12) all dental licenses from other states ever held by the applicant, including state, license number, date issued, and licensure status as of the application date;
- (13) if the applicant has ever been denied a license or the privilege of taking a dental licensure or competency examination by any dental licensing authority or examining body, a written statement disclosing the details, jurisdiction, and date;

- 1 (14) if the applicant is not engaged in the practice of dentistry as of the application date, the last month
2 and year when the applicant practiced;
- 3 (15) if the applicant has been charged with or convicted of any crime within the 10 years preceding the
4 application date, excluding traffic violations but including driving while impaired offenses, a written
5 statement disclosing the details and copies of the charges and judgment;
- 6 (16) if the applicant has any contagious or infectious disease, a written statement disclosing the details;
- 7 (17) a statement disclosing and explaining any current condition or impairment, including substance
8 abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition, that in any way
9 affects the ability to practice dentistry. For purposes of this rule, "current" means recently enough
10 that the condition may affect the applicant's ability to function as a dentist as set out in G.S. 90-
11 41(a)(2) and (7). If the applicant contends that the condition or impairment is reduced or ameliorated
12 because the applicant is receiving ongoing treatment or participating in a monitoring or support
13 program, the applicant may provide information regarding the treatment or program, and may
14 include any verification demonstrating that the applicant has complied with all provisions and terms
15 of any drug treatment program, or impaired dentists or other impaired professionals program;
- 16 (18) the type of facility and addresses of all facilities where the applicant will provide temporary
17 volunteer dental services in North Carolina;
- 18 (19) the dates on which the applicant intends to provide temporary volunteer dental services in North
19 Carolina;
- 20 (20) the names of all North Carolina licensed dentists who will direct or supervise the applicant at each
21 location where the applicant will provide temporary volunteer dental services;
- 22 (21) a copy of an unexpired CPR certificate;
- 23 (22) a photograph of the applicant taken within six months preceding the application date;
- 24 (23) a completed fingerprint record card and signed release of information form authorizing the Board
25 to request a fingerprint-based criminal history record check from the North Carolina State Bureau
26 of Investigation (SBI); and
- 27 (24) a signed, notarized statement by the applicant affirming the applicant has not been disciplined by
28 any dental board or agency, the information in the application is accurate, and no fee will be charged
29 or accepted for any dental services provided.
- 30 (b) All information required must be completed and received in the Board office as a complete package at least two
31 weeks prior to the issuance of the license. Incomplete applications shall be returned to the applicant. In addition to the
32 requirements of Paragraph (a) of this Rule, the applicant shall request the applicable entity or person to send the
33 following required information or documents to the Board office, with each document in an unopened envelope sealed
34 by the entity involved:
- 35 (1) a statement from all jurisdictions in which the applicant is now or has ever been licensed, disclosing
36 the applicant's disciplinary history and current status of the applicant's license; and

1 (2) a statement signed by a North Carolina licensed dentist agreeing to provide supervision or direction
2 to the temporary volunteer dentist, stating when and where the supervision or direction will occur
3 and affirming that no fee or monetary compensation of any kind will be paid to the applicant for
4 dental services performed.

5 (c) The Board must receive all items set forth in Paragraphs (a) and (b) of this Rule for the application to be complete.
6 Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired.

7 (d) The holder of a temporary volunteer dental permit shall notify the Board within five days of any changes in the
8 practice location or facility disclosed under Paragraph (a) of this Rule.

9 ~~(e)(c) To renew the Temporary Volunteer Dental License temporary volunteer dental permit, the licensee shall submit~~
10 ~~the information required in Subparagraphs (a)(2) – (4) of this Rule, along with an affidavit stating that the information~~
11 ~~on the original application is correct and requires no update or correction to the Board;~~

12 (1) an affidavit or notarized statement verifying the location and type of facility where the applicant
13 will practice, the duration of the practice, the name of the supervising dentist, that no fee will be
14 charged or accepted, and that the information in the original application submitted under Paragraph
15 (a) of this Rule is correct and requires no update or correction; and

16 (2) the information required in Paragraph (b) of this Rule.

17 The Board must receive all items set forth in this Paragraph for the renewal application to be complete before the
18 deadline for renewing applications. The applicant shall report any changes to submitted information within five days
19 of when the licensee knew or should have known of the changes.

20 ~~(d) All required information shall be completed and received in the Board office as a complete package at least two~~
21 ~~weeks prior to the renewal of the license. Incomplete applications shall be returned to the applicant. The applicant~~
22 ~~shall report any changes to submitted information within five days of when the licensee knew or should have known~~
23 ~~of the changes.~~

24 (f) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.

25 (g) Any license obtained through fraud or by any false representation shall be revoked.

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27
28 *History Note: Authority G.S. 90-29; 90-37.2; 90-41;*

29 *Eff. February 1, 2008;*

30 *Amended Eff. September 1, 2014;*

31 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
32 *2018-2018;*

33 *Amended Eff. March 1, 2020.*
34
35

21 NCAC 16B .1001 is amended as published in 34:10 NCR 865-66 as follows:

SECTION .1000 - LICENSURE BY MILITARY ENDORSEMENT

21 NCAC 16B .1001 DENTAL LICENSURE BY ENDORSEMENT BASED ON MILITARY SERVICE

(a) An applicant for a dental license by endorsement based on military service shall submit to the Board:

(1) a ~~completed, signed and~~ notarized application form provided by the Board at ~~www.ncdentalboard.org;~~www.ncdentalboard.org that includes the information and materials required by Rule .0301(a) of this Subchapter; and

~~(2) the application fee required by Rule 16M .0101(a)(14) of this Chapter;~~

~~(3)(2)~~ written evidence demonstrating ~~that the applicant has been awarded a military occupational specialty in dentistry and that the applicant~~satisfied the conditions set forth in G.S. 93B-15.1(a), including engaging in the active practice of dentistry for at least 1,000 hours per year for at least two of the five years preceding the date of the application.

~~(A) has completed a military program of training substantially equivalent to or greater than that required for licensure as a dentist in North Carolina;~~

~~(B) has completed testing or equivalent training and experience substantially equivalent to or greater than that required for licensure as a dentist in North Carolina, as set forth in G.S. 90-30; and~~

~~(C) has engaged in the active practice of dentistry as defined by G.S. 90-29(b)(1) for at least 1,500 hours per year during at least two of the five years preceding the date of application; and~~

~~(4) a statement disclosing and explaining the commission of any act set out in G.S. 90-41(a) or (b), any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges.~~

~~(b) All information required must be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete application packages shall be returned to the applicant. In addition to the requirements of Paragraph (a) of this Rule, an applicant for licensure by endorsement based on military service shall satisfy the requirements in Rule.0501(b) of this Subchapter.~~

~~(c) All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card, obtained from the Board. The Board shall receive all information and documentation required under Paragraphs (a) and (b) of this Rule for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired.~~

~~(d) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.~~

~~(e) Any license obtained through fraud or by any false representation shall be revoked.~~

History Note: Authority G.S. 90-30(b); 90-41; 93B-15.1;

1 *Eff. September 1, 2013;*
2 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
3 *~~2018.2018.~~*
4 *Amended Eff. March 1, 2020.*
5
6

21 NCAC 16B .1002 is amended as published in 34:10 NCR 866 as follows:

21 NCAC 16B .1002 DENTAL LICENSURE BY ENDORSEMENT BASED ON STATUS AS MILITARY SPOUSE

(a) An applicant for a dental license by endorsement based on the applicant's status as a military spouse shall submit to the Board:

(1) a ~~completed, signed and~~ notarized application form provided by the Board at ~~www.ncdentalboard.org~~ www.ncdentalboard.org that includes the information and materials required by Rule .0301(a) of this Subchapter; and

~~(2) the non-refundable application fee required by Rule 16M .0101(a)(14) of this Chapter;~~

~~(3)(2)~~ written evidence demonstrating ~~that~~ the applicant is married to an active member of the U.S. military and ~~that such applicant~~ the applicant satisfies the conditions set forth in G.S. 93B-15.1(b), including engaging in the active practice of dentistry for at least 1,000 hours per year for at least two of the five years preceding the date of the application.

~~(A) holds a current dental license from another jurisdiction whose standards for licensure are substantially equivalent to or greater than those required for licensure as a dentist in North Carolina as set forth in these Rules; and~~

~~(B) has engaged in the active practice of dentistry as defined by G.S. 90-29(b)(1) for at least 1,500 hours per year during at least two of the five years preceding the date of application; and~~

~~(4) a statement disclosing and explaining the commission of an act set out in G.S. 90-41(a) or (b), any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges.~~

~~(5) a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dentists or other impaired professionals program;~~

~~(6) a copy of a current CPR certification;~~

~~(7) a report from the National Practitioner Data Bank; and~~

~~(8) the applicant's passing score on the Dental National Board Part I and Part II written examination administered by the Joint Commission on National Dental Examinations.~~

~~(b) All information required shall be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete application packages shall be returned to the applicant. In addition to the requirements of Paragraph (a) of this Rule, an applicant for licensure by endorsement based on status as a military spouse shall satisfy the requirements in Rule .0501(b) of this Subchapter.~~

1 ~~(c) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card and other forms~~
2 ~~required to perform a criminal history check. The form and cards may be obtained from the Board. The Board shall~~
3 ~~receive all information and documentation required under Paragraphs (a) and (b) of this Rule for the application to be~~
4 ~~complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded~~
5 ~~as expired.~~

6 (d) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.

7 (e) Any license obtained through fraud or by any false representation shall be revoked.

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9 *History Note: Authority G.S. 90-30(b); 90-41; 90-36; 93B-15.1;*

10 *Eff. September 1, 2013;*

11 *Amended Eff. September 1, 2014;*

12 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
13 *2018-2018;*

14 *Amended Eff. March 1, 2020.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Board of Dental Examiners

RULE CITATION: 21 NCAC 16C .0301

DEADLINE FOR RECEIPT: February 11, 2020

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a)(33), just to be clear, this request is based on the applicant's knowledge, correct?

In (a)(36), does the Board's request for this information comply with S.L. 2019-91, Sec. 4?

In (a)(40), is this a statement from the applicant or a physician?

In (a)(40), who determines whether a condition occurred "recently enough that the condition or impairment may affect the applicant's ability to function as a dentist?" How do they make this determination? Are a set of factors considered?

On page 4, lines 11 and 12, do you mean "may" or "shall?"

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Ashley Snyder
Commission Counsel
Date submitted to agency: January 28, 2020

21 NCAC 16C .0301 is amended as published in 34:10 NCR 866-69 as follows:

SECTION .0300 - APPLICATION

21 NCAC 16C .0301 APPLICATION FOR LICENSURE

(a) All applications for licensure as a dental hygienist shall be made on the forms furnished by the Board at www.ncdentalboard.org and ~~no application shall be deemed complete that does set forth all the information required relative to the applicant. Incomplete applications shall be returned to the applicant. Any applicant who changes his or her address shall notify the Board office within 10 business days. Applicants shall ensure that proof of graduation from high school or its equivalent is sent to the Board office in a sealed envelope. Applicants shall also ensure that an official final transcript from a dental hygiene program as set forth in G.S. 90-224 is sent in a sealed envelope to the Board office.~~ shall include the following information:

- (1) full name;
- (2) street address as of the date of the application;
- (3) permanent street address;
- (4) preferred mailing address for all information;
- (5) telephone number;
- (6) email address;
- (7) age;
- (8) date of birth;
- (9) place of birth;
- (10) citizenship or immigration status, with verifying documentation;
- (11) social security number;
- (12) marital status;
- (13) any other name by which the applicant was known in the past, accompanied by a certified copy of a court order of name change, if applicable;
- (14) all resident addresses for the past 10 years preceding the date of application;
- (15) the names, addresses, and phone numbers for two individuals to whom the applicant always provides the applicant's current address;
- (16) disclosure and explanation of any bankruptcy proceedings in which the applicant was a named party;
- (17) the license number, issuing state, and expiration date for all current drivers' licenses held by the applicant, and the issuing state for all drivers' licenses held in the past by the applicant;
- (18) the date of the applicant's previous application for examination by the Board, if applicable;
- (19) the date and type of any dental hygiene license for which the applicant applied in the past, if applicable;
- (20) if the applicant failed an examination administered by a dental board, the date of the examination and jurisdiction of the dental board that administered the examination;

- (21) if any dental board has refused to administer an examination to applicant, the jurisdiction of the dental board that refused to administer the examination and the date of the refusal;
- (22) the dates upon which the applicant has taken the Dental Hygiene National Board Examination, the location of each examination, and authorization for the Board to access the examination scores;
- (23) if the applicant failed the Dental Hygiene National Board Examination, the date of the examination that he or she failed;
- (24) if the applicant has applied for a dental hygiene license in any other state or foreign country, the date of the application and whether the license was issued to the applicant;
- (25) all employment held by the applicant for the past 10 years;
- (26) if the applicant was terminated from employment within the past 10 years, an explanation regarding the termination;
- (27) all dental hygiene licenses from other jurisdictions ever held by the applicant, including type of licensure, license number, and dates of licensure;
- (28) places of employment at which the applicant has practiced dental hygiene, including the name of the employer, the address of the employer, dates of employment, and the reason for leaving the employment;
- (29) if the applicant has ever been suspended or otherwise disqualified, or reprimanded, censured, or otherwise disciplined by any licensing board, professional organization, or while the applicant was holding public office, a written statement disclosing:
- (A) the facts that formed the basis for the discipline;
- (B) the date of the discipline;
- (C) whether the applicant appealed the discipline and the outcome of any appeal; and
- (D) the name and address of the authority in possession of records related to discipline;
- (30) if the applicant has ever been the subject of a complaint with any licensing board, professional organization, or while the applicant was holding public office, a written statement disclosing:
- (A) the facts that gave rise to the complaint;
- (B) the date of the complaint;
- (C) whether the organization that received the complaint instituted proceedings against the applicant; and
- (D) the name and address of the authority in possession of records related to the complaint;
- (31) if the applicant has ever been reported to the National Practitioner Data Bank or the Healthcare Integrity and Protection Data Bank, a written statement disclosing:
- (A) the facts that formed the basis for the report;
- (B) the date of the report; and
- (C) the name and address of the authority in possession of records related to the report;
- (32) if the applicant has ever been dropped, suspended, expelled, or disciplined by any post-secondary school or college for any cause, a written statement disclosing:

- 1 (A) the facts leading to the discipline;
2 (B) the date of the discipline; and
3 (C) the school or college issuing the discipline;
4 (33) if the applicant has ever been denied admission to any college or post-secondary school for a reason
5 other than academic qualifications, a written statement explaining the reason for the admission
6 denial;
7 (34) if the applicant has ever served in the armed forces of the United States or any other country, a
8 written statement explaining:
9 (A) whether the applicant has been separated from service;
10 (B) the nature of the separation;
11 (C) if other than honorable, the circumstances surrounding his or her release from service;
12 (D) dates of service;
13 (E) the facts leading up to any charges or complaints made or filed against the applicant while
14 the applicant was serving in the armed forces, and the outcome of the charges or
15 complaints;
16 (F) the facts leading to any disciplinary proceedings instituted against the applicant while the
17 applicant was serving in the armed forces, and the outcome of the proceedings; and
18 (G) if the applicant was ever a defendant in any court martial, the facts giving rise to those
19 proceedings and the outcome of the proceedings;
20 (35) a statement of whether the applicant has registered under the Military Selective Service Act;
21 (36) a statement of whether the applicant has ever:
22 (A) been summoned to court or before a magistrate for the violation of any law or ordinance or
23 for the commission of any felony or misdemeanor;
24 (B) been arrested for the violation of any law or ordinance or for the commission of any felony
25 or misdemeanor;
26 (C) been taken into custody for the violation of any law or ordinance or for the commission of
27 any felony or misdemeanor;
28 (D) been indicted for the violation of any law or ordinance or for the commission of any felony
29 or misdemeanor;
30 (E) been convicted or tried for the violation of any law or ordinance or for the commission of
31 any felony or misdemeanor;
32 (F) been charged with the violation of any law or ordinance or for the commission of any
33 felony or misdemeanor; or
34 (G) pleaded guilty to the violation of any law or ordinance or for the commission of any felony
35 or misdemeanor;
36 (37) the applicant's high school education including the name, location, and period of attendance for each
37 school, and the date of graduation;

- (38) any college or university education other than dental hygiene, including the name, location, and period of attendance for each school, and the date of graduation;
- (39) the applicant's dental hygiene education including the name, location, and period of attendance for each school, and date of graduation;
- (40) a statement disclosing and explaining any current condition or impairment, including substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition, that in any way affects the ability to practice dental hygiene. For purposes of this rule, "current" means recently enough that the condition or impairment may affect the applicant's ability to function as a dental hygienist as set out in G.S. 90-229(a)(4) and (13). If the applicant contends that the condition or impairment is reduced or ameliorated because the applicant is receiving ongoing treatment or participating in a monitoring or support program, the applicant may provide information regarding the treatment or program, and may include any verification demonstrating that the applicant has complied with all provisions and terms of any drug treatment program, or impaired dental hygienists or other impaired professionals program;
- (41) a photograph of the applicant, taken within six months prior to the date of the application;
- (42) a completed fingerprint record card and signed release of information form authorizing the Board to request a fingerprint-based criminal history record check from the North Carolina State Bureau of Investigation (SBI);
- (43) a copy of an unexpired CPR certificate; and
- (44) if the applicant holds, or has held in the past, a dental hygiene license in any other state or jurisdiction, a copy of a National Practitioner Data Bank Report concerning the applicant that was obtained within six months prior to the date the report is submitted to the Board.
- (b) The applicant shall submit to the Board the notarized application form with all the information and materials listed in Paragraph (a) of this Rule, accompanied by The the nonrefundable application fee set forth in Rule 16M .0102 of this Chapter, shall accompany the application.
- (c) ~~Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the board of each state in which they are licensed. A photograph of the applicant, taken within six months prior to the date of the application, shall be affixed to the application.~~ In addition to the requirements of Paragraphs (a) and (b) of this Rule, the applicant shall request the applicable entity to send the following required information or documents to the Board office, with each document in an unopened envelope sealed by the entity involved:
- (1) proof of graduation from high school or its equivalent;
- (2) the applicant's official transcripts from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association;
- (3) if the applicant is licensed in other states, a certificate of the applicant's licensure status from the dental regulatory authority or other occupational or professional regulatory authority, accompanied by a full disclosure of any disciplinary action taken or investigation pending, from all licensing

jurisdictions where the applicant holds or has ever held a dental hygiene license or other occupational or professional license; and

(4) examination scores required by Rule .0303(b) of this Subchapter which shall include the American Board of Dental Examiners (ADEX) dental hygiene licensure examinations.

~~(d) All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card and other form(s) required to perform a criminal history check at the time of the application. The form and card are available from the Board office. The Board shall receive all information and documentation set forth in Paragraphs (a) through (c) of this Rule and the applicant's passing scores on all examinations required by Rule .0303 of this Subchapter for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired without a refund of the application fee.~~

~~(e) All applicants shall arrange for and ensure the submission to the Board office the examination scores required by Rule .0303 of this Subchapter. The examination requirement does not apply to individuals who do not hold a North Carolina dental hygiene license who are seeking volunteer licenses pursuant to G.S. 90-21.107 or licensure by endorsement pursuant to Rules 16G-.0107 or 16G-.0108 of this Chapter. Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.~~

~~(f) All applicants must include a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any drug treatment program, or impaired dental hygienists or other impaired professionals program. Any license obtained through fraud or by any false representation shall be revoked.~~

~~(g) All applicants for dental hygiene licensure shall achieve a passing score on the Dental Hygiene National Board examination administered by the Joint Commission on National Dental Examinations.~~

History Note: Authority G.S. 90-223; 90-224; ~~90-229(a)(4); 90-229(a)(4) and (13);~~

Eff. September 3, 1976;

Readopted Eff. September 26, 1977;

Amended Eff. September 1, 2014; September 1, 2013; June 1, 2006; May 1, 1989;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018-2018;

Amended Eff. March 1, 2020.

21 NCAC 16C .0501 is amended as published in 34:10 NCR 869-70 as follows:

SECTION .0500 – LICENSURE BY CREDENTIALS

21 NCAC 16C .0501 DENTAL HYGIENE LICENSURE BY CREDENTIALS

(a) An applicant for a dental hygiene license by credentials shall submit to the Board:

- (1) a ~~completed~~, notarized application form provided by the ~~Board~~ Board at www.ncdentalboard.org that includes the information and materials required by Rule .0301(a) of this Subchapter;
- (2) the nonrefundable licensure by credentials ~~fee~~ fee set forth in Rule 16M .0102 of this Chapter;
- (3) an affidavit from the applicant stating for the two ~~years immediately preceding the application~~ year period set out in G.S. 90-224.1(c)(1):
 - (A) the dates that and locations where the applicant has practiced dental hygiene;
 - (B) that the applicant has provided at least ~~2000~~ 2,000 hours of clinical care ~~directly~~ to patients; and
 - (C) that the applicant ~~has continuously held~~ holds an active, unrestricted dental hygiene license issued by another U.S. state or any U.S. ~~territory~~ territory, and has done so without any period of interruption; and
- (4) a statement disclosing and explaining any ~~disciplinary actions~~, investigations, malpractice claims, or state or federal agency complaints, judgments, settlements, or criminal charges; or settlements that are related to licensure and are not disclosed elsewhere in the application.
- (5) ~~a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to a hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dental hygiene or other impaired professionals program; and~~
- (6) ~~a copy of a current CPR certificate.~~

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a dental hygiene license by credentials shall request the applicable entity arrange for and ensure the submission to the Board office to send the following required information or documents as a package, documents to the Board office, with each document in an unopened envelope sealed by the entity involved:

- (1) the applicant's official transcripts certifying that the applicant graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association;
- (2) ~~if the applicant is or has ever been employed as a dental hygienist by or under contract with a federal agency, a letter certifying the applicant's current status and disciplinary history from each federal agency where the applicant is or has been employed or under contract;~~

~~(3)(2)~~ a certificate of the applicant's licensure status from the regulatory authority or other occupational or professional regulatory authority and a ~~full, fair and accurate~~ disclosure of all disciplinary actions taken or investigations pending, from all licensing jurisdictions where the applicant holds or has ever held a dental hygiene license or other occupational or professional license;

~~(4)~~ ~~a report from the National Practitioner Databank;~~

~~(3)~~ examination scores required by Rule .0303(b) of this Subchapter;

~~(5)(4)~~ a report of any pending or final malpractice actions against the applicant verified by the malpractice insurance carrier covering the applicant. ~~The applicant shall submit a letter of coverage history from all current and all previous malpractice insurance carriers covering the applicant; and~~

~~(5)~~ a letter of coverage history from all current and all previous malpractice insurance carriers covering the applicant.

~~(6)~~ ~~the applicant's passing score on the National Board Dental Hygiene Examination administered by the Joint Commission on National Dental Examinations; and~~

~~(7)~~ ~~the applicant's passing score on the licensure examination conducted by a regional testing agency or independent state licensure examination that is substantially equivalent to the clinical licensure examination required in North Carolina as set out in Rule .0303 of this Subchapter.~~

~~(c) All information required shall be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete applications shall be returned to the applicant. The Board shall receive all information and documentation set forth in Paragraphs (a) and (b) of this Rule and the applicant's passing scores on all examinations required by Rule .0303 of this Subchapter for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired without a refund of the application fee.~~

~~(d) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and other form(s) required to perform a criminal history check at the time of the application. The forms are available from the Board office.~~

~~(e)(d)~~ An applicant for dental hygiene licensure by credentials shall pass written examinations as set out in Rule .0303(a) of this Subchapter. ~~and, if deemed necessary based on the applicant's history, a clinical simulation examination administered by the Board. If the applicant fails the written examinations, the applicant may retake the examination two additional times during a one year period, as required by Rule .0311 of this Subchapter. Applicants who fail the clinical examination or who do not pass the written examination after three attempts within one year may not reapply for licensure by credentials.~~

~~(f) Should the applicant reapply for licensure by credentials, an additional licensure by credentials fee shall be required at the time of reapplication.~~

~~(e)~~ Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.

~~(g)(f)~~ Any license obtained through fraud or by any false representation shall be ~~void ab initio and of no effect.~~ revoked.

1 *History Note:* *Authority G.S. 90-223; 90-224.1; 90-229;*
2 *Temporary Adoption Eff. January 1, 2003;*
3 *Eff. January 1, 2004;*
4 *Recodified from Rule .0401 Eff. June 1, 2006;*
5 *Amended Eff. September 1, 2014; February 1, 2010;*
6 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
7 *2018-2018;*
8 *Amended Eff. March 1, 2020.*
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10

21 NCAC 16D .0104 is amended as published in 34:10 NCR 870-71 as follows:

21 NCAC 16D .0104 APPLICATION FOR PROVISIONAL LICENSE

~~(a) All applications. An applicant for a provisional dental licensure license shall submit to the Board, be made on the forms furnished by the Board at www.ncdentalboard.org. No application shall be deemed complete that does not set forth all the information required relative to the applicant. Incomplete applications shall be returned to the applicant. Any applicant who changes his or her address shall notify the Board within 10 business days. Applicants shall ensure that official transcripts of undergraduate college and dental school credits are sent in a sealed envelope to the Board office.~~

(1) a notarized application form provided by the Board at www.ncdentalboard.org that includes the information and materials required by Rule 16B .0301(a) of this Chapter;

(2) the nonrefundable provisional licensure fee set forth in Rule 16M .0101 of this Chapter;

(3) a letter from a North Carolina licensed dentist stating he or she will supervise the applicant; and

(4) a statement disclosing and explaining any investigations, malpractice claims, or state or federal agency complaints, judgments, or settlements that are related to licensure and are not disclosed elsewhere in the application.

~~(b) The nonrefundable application fee shall accompany the application, along with a photograph of the applicant taken within six months of the date of the application. In addition to the requirements of Paragraph (a) of this Rule, an applicant for a provisional license shall satisfy the requirements in Rule 16B .0501(b) of this Chapter.~~

~~(c) Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the board of each state in which they are licensed. The Board shall receive all items set forth in Paragraphs (a) and (b) of this Rule and the applicant's passing scores on all examinations required by Rule 16B .0303 of this Chapter for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired without a refund of the application fee.~~

~~(d) All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card and other form(s) required to perform a criminal history check at the time of the application. The form and card are available from the Board office. An applicant for a provisional license shall pass written examinations as set out in Rule 16B .0303(a) of this Chapter. Applicants who do not pass the written examination after three attempts within one year may not reapply for provisional licensure.~~

~~(e) All applicants shall include a statement disclosing and explaining periods, within the last 10 years, of any voluntary or involuntary commitment to any hospital or treatment facility, for observation, assessment or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any drug treatment program, or impaired dentists or other impaired professionals program. Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.~~

(f) Any license obtained through fraud or by any false representation shall be revoked.

History Note: Authority G.S. 90-29.3; 90-41(a);

1 *Eff. September 3, 1976;*
2 *Readopted Eff. September 26, 1977;*
3 *Temporary Amendment Eff. January 1, 2003;*
4 *Amended Eff. December 1, 2014; January 1, 2004;*
5 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
6 *2018-2018;*
7 *Amended Eff. March 1, 2020.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Board of Dental Examiners

RULE CITATION: 21 NCAC 16E .0102

DEADLINE FOR RECEIPT: February 11, 2020

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

At line 8, is the location of practice determined by the Board upon application or does the applicant submit a location of preference in the application?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Ashley Snyder
Commission Counsel
Date submitted to agency: January 28, 2020

21 NCAC 16E .0102 is amended as published in 34:10 NCR 871 as follows:

21 NCAC 16E .0102 RESTRICTIONS ON PRACTICE

~~(a) Any provisional license issued to a member of the faculty of an educational institution shall limit the practice of such provisional licensee to the confines of facilities provided by the educational institution of which he is a faculty member.~~

~~(b) In those instances in which the Board deems such restriction appropriate, the~~ The dental hygiene practice of a provisional licensee may shall be restricted to a geographical location. the dental practice location designated in the application for provisional licensure.

History Note: Authority G.S. 90-226;

Eff. September 3, 1976;

Readopted Eff. September 26, 1977;

Amended Eff. May 1, 1989;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018-2018;

Amended Eff. March 1, 2020.

21 NCAC 16E .0103 is amended as published in 34:10 NCR 871 as follows:

21 NCAC 16E .0103 APPLICATION FOR PROVISIONAL LICENSE

(a) ~~All applications~~An applicant for a provisional dental hygiene licensure license shall submit to the Board; be made on the forms furnished by the Board at www.ncdentalboard.org. No application shall be deemed complete that does not set forth all the information required relative to the applicant. Incomplete applications shall be returned to the applicant. Any applicant who changes his or her address shall notify the Board office within 10 business days. Applicants shall ensure that proof of a high school equivalency certificate issued by a government agency or unit or a final transcript from his or her high school is sent to the Board office in a sealed envelope. Applicants shall also ensure that official final transcripts from a dental hygiene program as set forth in G.S. 90-244 are sent in a sealed envelope to the Board office.

- (1) a notarized application form provided by the Board at www.ncdentalboard.org that includes the information and materials required by Rule 16C .0301(a) of this Chapter;
- (2) the nonrefundable provisional licensure application fee set forth in Rule 16M .0102 of this Chapter;
- (3) a letter from a North Carolina licensed dentist stating he or she will supervise the applicant; and
- (4) a statement disclosing and explaining any investigations, malpractice claims, or state or federal agency complaints, judgments, or settlements that are related to licensure and are not disclosed elsewhere in the application.

(b) ~~The one hundred fifty dollar (\$150.00) nonrefundable application fee shall accompany the application, along with a photograph of the applicant, taken within six months of the date of application.~~In addition to the requirements of Paragraph (a) of this Rule, an applicant for a provisional license shall satisfy the requirements in Rule 16C .0501(b) of this Chapter.

(c) ~~Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the board of each state in which they are licensed.~~The Board shall receive all items set forth in Paragraphs (a) and (b) of this Rule and the applicant's passing scores on all examinations required by Rule 16C .0303 of this Chapter for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired without a refund of the application fee.

(d) ~~All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card and other form(s) required to perform a criminal history check at the time of the application. The form and card are available from the Board office.~~An applicant for a provisional license shall pass written examinations as set out in Rule 16C .0303(a) of this Chapter. Applicants who do not pass the written examination after three attempts within one year may not reapply for provisional licensure.

(e) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.

(f) Any license obtained through fraud or by any false representation shall be revoked.

History Note: *Authority G.S. 90-226; 90-229(a); 90-232;*

Eff. September 3, 1976;

1 *Readopted Eff. September 26, 1977;*
2 *Amended Eff. May 1, 1989;*
3 *Temporary Amendment Eff. January 1, 2003;*
4 *Amended Eff. December 1, 2014; January 1, 2004;*
5 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
6 *2018-2018;*
7 *Amended Eff. March 1, 2020.*
8

21 NCAC 16G .0107 is amended as published in 34:10 NCR 871-72 as follows:

21 NCAC 16G .0107 DENTAL HYGIENE LICENSURE BY ENDORSEMENT BASED ON MILITARY SERVICE

(a) An applicant for a dental hygiene license by endorsement based on ~~his or her status as a member of the U.S. military service~~ shall submit to the Board:

(1) a ~~completed, signed and~~ notarized application form provided by the ~~Board~~ Board at www.ncdentalboard.org that includes the information and materials required by Rule 16C .0301(a) of this Chapter; and

(2) ~~an application fee in the amount of two hundred sixty five dollars (\$265.00);~~

(3)(2) written evidence demonstrating ~~that the applicant has been awarded a military occupational specialty in dental hygiene and that the applicant~~ satisfied the conditions set forth in G.S. 93B-15.1(a), including engaging in the active practice of dental hygiene for at least 1,000 hours per year for at least two of the five years preceding the date of application.

(A) ~~completed a military program of training substantially equivalent to or greater than the requirements for licensure as a dental hygienist in North Carolina;~~

(B) ~~completed testing or equivalent training and experience substantially equivalent to or greater than that required for licensure as a dental hygienist in North Carolina, as set forth in G.S. 90-224; and~~

(C) ~~engaged in the active practice of dental hygiene as defined by G.S. 90-221 for at least 1,500 hours per year during at least two of the five years preceding the date of application; and~~

(4) ~~a statement disclosing and explaining the commission of any acts set out in G.S. 90-229, any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges.~~

(b) ~~All information required must be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete application packages shall be returned to the applicant.~~ In addition to the requirements of Paragraph (a) of this Rule, an applicant for licensure by endorsement based on military service shall satisfy the requirements in Rule 16C .0501(b) of this Chapter.

(c) ~~All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card. The form and card may be obtained from the Board office.~~ The Board shall receive all information and documentation required under Paragraphs (a) and (b) of this Rule for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired.

(d) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.

(e) Any license obtained through fraud or by any false representation shall be revoked.

History Note: Authority G.S. 90-223; 90-224(c); 90-229; 93B-15.1;

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Eff. September 19, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,
2018.2018.
Amended Eff. March 1, 2020.

21 NCAC 16G .0108 is amended as published in 34:10 NCR 872 as follows:

21 NCAC 16G .0108 DENTAL HYGIENE LICENSURE BY ENDORSEMENT BASED ON STATUS AS MILITARY SPOUSE

(a) An applicant for a dental hygiene license by endorsement based on the applicant's status as a ~~current military spouse of an active member of the U.S. military~~ shall submit to the Board:

(1) a ~~completed, signed and~~ notarized application form provided by the ~~Board~~ Board at www.ncdentalboard.org that includes the information and materials required by Rule 16C .0301(a) of this Chapter; and

(2) ~~a two hundred sixty five dollar (\$265.00) application fee;~~

(3)(2) written evidence demonstrating ~~that the applicant is a military spouse and that such applicant married to an active member of the U.S. military and the applicant satisfies the conditions set forth in G.S. 93B-15.1(b), including engaging in the active practice of dental hygiene for at least 1,000 hours per year for at least two of the five years preceding the date of application.~~

(A) ~~holds a current dental hygiene license from another jurisdiction whose standards for licensure are substantially equivalent to or greater than those required for licensure as a dental hygienist in North Carolina; and~~

(B) ~~has engaged in the active practice of dental hygiene as defined by G.S. 90-221 for at least 1,500 hours per year during at least two of the five years preceding the date of application; and~~

(4) ~~a statement disclosing and explaining the commission of any act described in G.S. 90-229, any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges.~~

(b) ~~All information required must be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete application packages shall be returned to the applicant. In addition to the requirements of Paragraph (a) of this Rule, an applicant for licensure by endorsement based on status as a military spouse shall satisfy the requirements in Rule 16C .0501(b) of this Chapter.~~

(c) ~~All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card. The Board shall receive all information and documentation set forth in Paragraphs (a) and (b) of this Rule for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired.~~

(d) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.

(e) Any license obtained through fraud or by any false representation shall be revoked.

History Note: Authority G.S. 90-223; 90-224(c); 90-229; 90-232; 93B-15.1;

Eff. September 19, 2013;

1 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,*
2 ~~*2018-2018;*~~
3 *Amended Eff. March 1, 2020.*
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21 NCAC 16Y .0102 is amended as published in 34:10 NCR 872-73 as follows:

21 NCAC 16Y .0102 APPLICATION FOR INTERN PERMIT

(a) ~~Applicants~~ An applicant who is eligible for an intern permit who are graduates of dental schools or programs as set out in Rule .0101(1) pursuant to Rule .0101(a) of this Subchapter shall:

(1) ~~complete the Application for Intern Permit available on the Board's website: www.ncdentalboard.org submit to the Board a notarized application form provided by the Board at www.ncdentalboard.org that includes the information and materials required by Rule 16B .0301(a) of this Chapter;~~

(2) ~~submit an official copy of dental school transcripts; submit the nonrefundable intern permit fee set forth in Rule 16M .0101 of this Chapter;~~

(3) ~~forward submit a letter from a prospective employer; supervising dentist confirming he or she will supervise the intern; and~~

(4) ~~submit a signed release form, completed Fingerprint Record Card, and such other form(s) required to perform a criminal history check at the time of the application; satisfy the examination requirements in 16B .0303(a) of this Chapter.~~

(5) ~~pass written examination(s) approved by the Board, as set out on its website: www.ncdentalboard.org and~~

(6) ~~pay the nonrefundable intern permit fee referred to in 21 NCAC 16M .0101(a)(5).~~

(b) ~~Applicants for intern permit who are graduates of a dental program as set out in Rule .0101(2) of this Subchapter shall.~~ In addition to the requirements of Paragraph (a) of this Rule, an applicant for an intern permit pursuant to Rule .0101(a)(1) of this Subchapter shall request the information or documents as set out in Rule 16B .0301(c)(1) and (2) of this Chapter.

(c) In addition to the requirements of Paragraph (a) of this Rule, an applicant for an intern permit pursuant to Rule .0101(a)(2) of this Subchapter shall submit written confirmation to the Board:

(1) that the applicant has graduated from a dental program other than one accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association;

~~(1)(2)~~ submit written confirmation that the applicant has qualified for and is currently enrolled as of the date of the application in a graduate, intern, fellowship, or residency program in the at a North Carolina Dental School dental school or teaching hospital offering programs in dentistry;

~~(2)(3)~~ submit written confirmation that an ad hoc committee from the training facility in which the applicant is enrolled under Subparagraph (c)(2) of this Rule, (consisting consisting of three associate or full professors, only one of whom represents the department in question) question, has evaluated the applicant's didactic and clinical performance with the point of observation being not less than three months from after the applicant's start of the program, and has determined that the applicant is functioning at a professional standard consistent with a dental graduate from an ADA accredited dental school; a dental school or program accredited by CODA;

- 1 ~~(3) complete a simulated clinical offered by a Board approved provider set out on its website:~~
2 ~~www.ncdentalboard.org.~~
- 3 (4) submit written confirmation that the applicant has completed a program of study at the training
4 facility ~~in~~ in which the applicant is enrolled under Subparagraph (c)(2) of this Rule in:
- 5 (A) clinical pharmacology;
- 6 (B) prescription writing in compliance with ~~Federal~~ federal and State laws; and
- 7 (C) relevant laws and ~~administrative procedures~~ federal regulations pertaining to the
8 ~~DEA; United States Drug Enforcement Administration; and~~
- 9 (5) ~~submit a written statement of the total time required to complete the graduate, intern, fellowship, or~~
10 residency program, and the date ~~that~~ the applicant is scheduled to complete ~~said program; the~~
11 program.
- 12 ~~(6) submit a signed release form, completed Fingerprint Record Card, and such other form(s) required~~
13 to perform a criminal history check at the time of the application;
- 14 ~~(7) complete written examination(s) administered by the Board; and~~
- 15 ~~(8) pay the non refundable intern permit fee referred to in 21 NCAC 16M .0101(a)(5).~~
- 16 ~~(e) In making application, the applicant shall authorize the Board to verify the information contained in the application~~
17 ~~or documents submitted or to seek such further information pertinent to the applicant's qualifications or character as~~
18 ~~the Board may deem necessary pursuant to G.S. 90-41.~~
- 19 ~~(d) Intern permits shall expire on an annual basis and are subject to renewal by the Board upon application and~~
20 ~~payment of the renewal fee. The Board shall receive all information and documentation required under Paragraphs (a)~~
21 ~~through (c) of this Rule for the application to be complete. Applications that are not completed within one year of~~
22 ~~being submitted to the Board shall be disregarded as expired without a refund of the application fee.~~
- 23 ~~(e) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.~~
- 24 ~~(f) Any permit obtained through fraud or by any false representation shall be revoked.~~

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26 History Note: Authority G.S. 90-28; 90-29.4;

27 Eff. August 1, 2002;

28 Temporary Amendment Eff. January 1, 2003;

29 Amended Eff. July 1, 2015; January 1, 2004;

30 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,
31 2018-2018;

32 Amended Eff. March 1, 2020.

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