

21 NCAC 16C .0601 is amended with changes as published in 34:20 NCR 1871-73 as follows:

SECTION .0600 – REINSTATEMENT OF DENTAL HYGIENE LICENSE

21 NCAC 16C .0601 APPLICATION FOR REINSTATEMENT AND PROOF OF COMPETENCY

(a) Any person desiring to practice dental hygiene in North Carolina whose North Carolina dental hygiene license has been revoked, suspended, retired, or expired shall submit to the Board an application for reinstatement. All applications for reinstatement of a dental hygiene license 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 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, shall include:

- (1) original dental hygiene license number and date of issuance;
- (2) full name;
- (3) street address as of the date of the application;
- (4) telephone number;
- (5) email address;
- (6) citizenship or immigration status, with verifying documentation;
- (7) a statement disclosing and explaining the nature, facts, and disposition of any matter where the applicant has ever:
 - (A) been summoned to court or before a magistrate for the violation of any law or ordinance or for the commission of any felony or misdemeanor;
 - (B) been arrested for the violation of any law or ordinance or for the commission of any felony or misdemeanor;
 - (C) been taken into custody for the violation of any law or ordinance or for the commission of any felony or misdemeanor;
 - (D) been indicted for the violation of any law or ordinance or for the commission of any felony or misdemeanor;
 - (E) been convicted or tried for the violation of any law or ordinance or for the commission of any felony or misdemeanor;
 - (F) been charged with the violation of any law or ordinance or for the commission of any felony or misdemeanor; or
 - (G) pleaded guilty to the violation of any law or ordinance or for the commission of any felony or misdemeanor;
- (8) whether the applicant is under investigation as of the date of the application or has ever been investigated by the Board or any other licensing board;
- (9) whether the applicant has ever had a civil lawsuit related to the practice of [dentistry] dental hygiene settled;

- (10) all dental hygiene licenses from other jurisdictions ever held by the applicant, including dates of licensure;
- (11) a statement disclosing all the applicant's dental hygiene practices, including:
- (A) the dates during which the applicant was employed as a dental hygienist;
 - (B) the name and address of each employer; and
 - (C) the reason for the termination of each employment;
- (12) 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;
- (13) two letters of character reference from non-family members;
- (14) 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;
- (15) documentation of the applicant's completion of continuing education courses, as set out in 21 NCAC 16I, in amounts equal to the number of hours required for renewal of a dental hygiene license; and
- (16) a copy of an unexpired CPR certificate.
- (b) The applicant shall submit to the Board the notarized application form for reinstatement with all the information and materials listed in Paragraph (a) of this Rule, accompanied by the nonrefundable reinstatement application fee set forth in 21 NCAC 16M .0102(a)(3) and the renewal fees set forth in 21 NCAC 16M .0102(a)(2) and (b). ~~shall accompany the application.~~
- (c) ~~All applicants for reinstatement whose North Carolina license has been revoked, suspended, inactive or lapsed for more than five years must successfully pass the clinical examination given to first time applicants before seeking reinstatement.~~ In addition to the requirements of Paragraphs (a) and (b) of this Rule, if the applicant is or has ever been licensed in other states, the applicant shall request the dental regulatory authority or other occupational or professional regulatory authority of each licensing jurisdiction where the applicant holds or has ever held a dental hygiene license to send to the Board office, in an unopened envelope sealed by the authority, a certificate of the applicant's licensure status accompanied by a disclosure of any disciplinary action taken or investigation pending.
- (d) An applicant whose North Carolina license has been revoked, suspended, retired, or expired for more than one year shall submit to the Board a completed fingerprint record card and signed release of information form authorizing the Board to request a fingerprint-based criminal history check from the North Carolina State Bureau of Investigation.

1 ~~(d)(e)~~ ~~Applicants~~ An applicant for reinstatement whose North Carolina dental hygiene license has been revoked,
2 suspended, ~~inactive or lapsed-retired, or expired~~ for two to five years ~~may, at the Board's discretion, be required to~~
3 shall take refresher courses as specified by the Board. ~~Refresher courses may be required~~ Board if the Board
4 ~~determines, based upon the facts of the case, determines~~ that the applicant ~~may lack-lacks~~ skills or knowledge to
5 practice dental hygiene. ~~hygiene competently~~. Refresher courses for ~~individuals~~ an applicant whose ~~licenses have been~~
6 license was revoked or suspended shall relate to the deficiencies that led to the imposition of discipline. Refresher
7 courses for ~~individuals~~ an applicant whose ~~licenses have~~ license has been ~~inactive or lapsed-retired or expired~~ shall be
8 specified by the Board taking ~~take~~ into account the amount of time the license has been ~~inactive or lapsed-retired or~~
9 expired and the ~~individual's~~ applicant's level of experience.

10 ~~(e)~~ ~~Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the~~
11 ~~board of each state in which they are licensed.~~

12 ~~(f)~~ ~~Applicants whose North Carolina license has been revoked, suspended, inactive or lapsed for more than one year~~
13 ~~shall submit to the Board a signed release form, completed Fingerprint Record Card, and such other form(s) required~~
14 ~~to perform a criminal history check at the time of the application for reinstatement. The form and card are available~~
15 ~~from the Board office.~~ An applicant for reinstatement whose North Carolina dental hygiene license has been revoked,
16 suspended, retired, or expired for more than five years shall pass the American Board of Dental Examiners dental
17 hygiene licensure clinical examinations before seeking reinstatement.

18 ~~(g)~~ ~~Applicants shall provide proof of continuing education in clinical patient care, by Board-approved sponsors, equal~~
19 ~~to the number of hours currently required for the renewal of a dental hygiene license and current CPR certification.~~
20 The Board shall receive all information and documentation set forth in Paragraphs (a) through (e) of this Rule and the
21 applicant's passing scores on any examinations required under Paragraph (f) of this Rule for the application to be
22 complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded
23 as expired without a refund of the application fees.

24 ~~(h)~~ ~~Two letters of character reference from non family members.~~ Any applicant who changes his or her address shall
25 notify the Board office in writing within 10 business days.

26 ~~(i)~~ ~~A report from the National Practitioner Databank.~~ Any license obtained through fraud or by any false representation
27 shall be revoked.

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29 *History Note: Authority G.S. 90-223; 90-224; 90-229;*

30 *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. September 1, 2020.*