

Application for Renewal of Community Service Dental Hygienist License		License No. CSDH-	Eff. Date:
Access this form via website at: cca.hawaii.gov/pvl/boards/dentist		Employer Code: xxx-	Exp. Date:
Board of Dentistry DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801 Phone: (808) 586-3000		FOR OFFICE USE ONLY	
Name (First, Middle)	(Last)		
Residence Address (include apt. no., city, state, and zip code) - REQUIRED			
Mailing Address (only if different from above)	Social Security No.		
Employer Name and Address	Date of Birth		
	Phone No. (Days)		

- ATTACH:**
- (1) A letter of employment prepared by your qualified employer giving specific employment dates. (A letter must be attached with each renewal thereafter.)
 - (2) Fee of \$105 (\$55-Renewal + \$50-Compliance Resolution Fund) made payable to: Commerce & Consumer Affairs. (check must be in U.S. dollars and be from a U.S. financial institution.)
Note: A \$25 service fee will be charged for checks which are not honored by the bank.
 - (3) Proof of completing **10** hours of continuing education during the past year.

Check your answers and provide additional information where requested:

1. In the past year, has your license in this state or any other jurisdiction been formally disciplined by way of a fine, suspension, restriction, or revocation? YES NO
2. Are there any disciplinary actions pending against you in this state or any other jurisdiction? YES NO
3. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

Explain any "YES" response to questions 1-3 on a separate sheet with detailed information and attach supporting documents.

4. In the past year, have you actively participated in a formal and ongoing program of clinical quality assurance? YES NO

I understand that my license is valid for one year after the date of issue and is subject to renewal at least (1) month before the end of the valid period. I accept responsibility of renewing my license with no further notification from the Board of Dentistry. I understand that if I fail to renew my license by the license expiration date, I am unlicensed and shall not practice and I will be required to file as a new applicant.

I certify that the statements contained in this application are true and correct. I understand that misrepresentation is grounds for Board refusal to renew or subsequent suspension or revocation of license.

Signature of Licensee: _____

Date: _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.