

APPLICATION FOR RETIRED STATUS LICENSE—DENTIST OR DENTAL HYGIENIST

APPLICANT INSTRUCTIONS

Basic Requirements and Eligibility for Retired Status. The Retired Dentist/Dental Hygienist license status requires the applicant to have held a dental or dental hygiene license in the state of Colorado prior to applying for retired status. The applicant must provide an affidavit to the Board stating that, after a date certain, the applicant shall not practice dentistry or dental hygiene in Colorado, shall no longer earn income as a dentist, dental hygienist, administrator, or consultant, and shall not perform any activity that constitutes practicing dentistry or dental hygiene pursuant to C.R.S. 12-35-113, 12-35-124, and 12-35-125 unless applicant is issued an active license.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, licensees are required to complete an online Healthcare Professions Profile on our website at www.dora.state.co.us/hppp.

Voluntary Service. Those holding a retired status license may provide dental/dental hygiene services on a voluntary basis to the indigent if such service is provided on a limited basis and no fee is charged or compensation received. Under such circumstances, a dentist/dental hygienist shall have immunity for voluntary care provided pursuant to C.R.S. 12-35-123(6).

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

Renewal. Retired status licenses must be renewed every two (2) years. The renewal cycle ends on the last day of February of even-numbered years. If a retired status license is not renewed timely, it will expire and be subject to reinstatement requirements. Note: Do not use this form to renew as “retired” during the renewal period. Contact the Division at 303-894-2984 to request renewal documents.

Resuming Active Practice. A dentist or dental hygienist wishing to resume the active practice of dentistry/dental hygiene in Colorado may not do so until he or she applies for and is issued a full, active license. Requirements for licensure are outlined in the Dental Practice Law and the Board’s rules and policies, available online at www.dora.state.co.us/dental/statutesrulespolicies.htm.

APPLICANT CHECKLIST

To apply for a Dentist/Dental Hygienist Retired Status license:

- Submit a completed application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Complete a Healthcare Professions Profile.** In compliance with the Michael Skolnik Medical Transparency Act of 2010, you are required to complete an online profile on our website at www.dora.state.co.us/hppp. You cannot start your profile until the Division of Registrations receives your application and enters it into our database. Allow 10 days from the date your application was mailed before accessing the website. If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at hppp@dora.state.co.us or (303) 894-5942.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Dental
1560 Broadway, Suite 1350
Denver, CO 80202

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

License Type: <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist	Colorado License Number:	Expiration Date:
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PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address:	PO Box, Street:		
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business	City, State, Zip:		
Daytime Telephone Number: ()	E-mail Address:		
	Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		

PART 2—AFFIDAVIT

By checking this box, I attest that after (date) _____ I will not practice dentistry/dental hygiene in Colorado nor will I earn income as a dentist/dental hygienist, administrator, or consultant, although I may continue to provide dental/dental hygiene services to the indigent on a limited basis as long as no fee is charged and no compensation is received.

I understand that I am subject to disciplinary action for any violations of law committed while I hold this retired license and that I may not resume the active practice of dentistry/dental hygiene in Colorado until I fulfill reinstatement terms and receive an active license from the Colorado State Board of Dental Examiners. I attest I have read and understand the information on this application.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Dental Practice Law, C.R.S. 12-35-118(1)(a), providing false information is grounds for denial, suspension, or revocation of a dental/dental hygiene license.

 Applicant Signature

 Date

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 et seq., and the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.