

## FORMS

Outline and Explanation of Documentation Required for Dental Licensure by Exam, Teacher's License, Restricted License, Full Time Faculty License, and Temporary Permit (~~eff. 11/98~~ rev. 12/02).

Application for Licensure to Practice Dentistry (~~eff. 3/98~~ rev. 12/02).

Application for Restricted Volunteer Licensure to Practice Dentistry and Dental Hygiene (eff. 7/98).

Form A, Certification of Dental/Dental Hygiene School (rev. ~~3/98~~ 12/02).

Form AA, Sponsor Certification for Dental/Dental Hygiene Volunteer License (eff. 7/98).

Form B, Chronology (rev. ~~3/98~~ 12/02).

Form C, Certification of Dental/Dental Hygiene Boards (rev. ~~3/98~~ 12/02).

Outline and Explanation of Documentation Required for Dental Hygiene Licensure by Exam, Teacher's License, Dental Hygiene by Endorsement, and Dental Hygiene Temporary Permit (rev. ~~11/98~~ 12/02).

Application for Licensure to Practice Dental Hygiene (rev. ~~3/98~~ 12/02).

Instructions for Reinstatement (rev. 12/02).

Reinstatement Application for Dental/Dental Hygiene Licensure (rev. ~~3/98~~ 12/02).

~~Expiration letter to licensee (rev. 7/98).~~

Radiology Information for Dental Assistants (rev. 7/97).

Renewal Notice and Application (~~Active licensure~~), 0401 Dentist (rev. ~~3/00~~ 12/02).

Renewal Notice and Application (~~Inactive licensure~~), 0402 Dental Hygienist (rev. ~~3/00~~ 12/02).

Renewal Notice and Application, 0404 Dental Teacher (rev. 12/02).

Renewal Notice and Application, 0406 Dental Hygiene Teacher (rev. 12/02).

Renewal Notice and Application, 0411 Full-time Faculty (rev. 12/02).

[Renewal Notice and Application, 0438 Cosmetic Procedure Certification (rev. 12/02).]

[Renewal Notice and Application, 0439 Oral and Maxillofacial (rev. 12/02).]

[Application for Certification to Perform Cosmetic Procedures (rev. 12/02).]

[Rhinoplasty/similar Procedures (rev. 7/02).]

[Blepharoplasty/similar Procedures (rev. 7/02).]

[Rhytidectomy/similar Procedures (rev. 7/02).]

[Submental liposuction/similar Procedures (rev. 7/02).]

[Browlift/either open or endoscopic technique/similar Procedures (rev. 7/02).]

[Otoplasty/similar Procedures (7/02).]

[Laser Resurfacing or Dermabrasion/similar Procedures (rev. 7/02).]

[Platysmal muscle plication/similar Procedures (rev. 7/02).]

[Application Review Worksheet (rev. 7/02).]

[Practitioner Questionnaire (rev. 12/02).]

[Oral and Maxillofacial Surgeon Registration of Practice (rev. 12/02).]

Application for Registration for Volunteer Practice (eff. 12/02).

Sponsor Certification for Volunteer Registration (eff. ~~12/02~~ 1/03).