

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Spring Grove Hospital Center • Benjamin Rush Building • 55 Wade Avenue • Catonsville, Maryland 21228 • (410) 402-8510

DENTAL HYGIENIST RECOGNITION TO ADMINISTER NITROUS OXIDE BY RECOGNITION IN ANOTHER STATE

GENERAL INSTRUCTIONS

Complete all portions of the application. Enclose a \$50 (dollar) non-refundable check or money order made payable to the Maryland State Board of Dental Examiners. Enclose all necessary documents. Failure to do so may result in the return of the application.

Notice For Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

SECTION I – GENERAL INFORMATION

Name (Last, First, Middle Initial):	
Address of Record: (Street Address)	
City, State, Zip:	
Maryland Dental Hygiene License Number:	

Note: If the address you have provided to the Board in this application differs from the address you have on file with the Board you must file a change of address form with the Board. The Board will not change the address it has on file if the address on this form differs from the address it already has on file. Failure to do so may result in your not receiving important information from the Board and may ultimately result in disciplinary action. Please keep an updated address on file with the Board at all times.

A. Social Security Number: – –

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Date of Birth: – –

C. Home Phone Number: – –

D. Cell Phone Number: – –

E. Work Phone Number: – –

F. E-Mail Address:

G. Gender Identification: Female Male

H. Race/Ethnic Identification – Please check all that apply

Are you of Hispanic or Latino origin? Yes No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. Black or African American (A person having origins in any of the black racial groups of Africa.)
4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

I. Licensure in other states:

List other states or jurisdictions in which you hold or have held a dental hygiene license.

State	License Number	Expiration Date

J. Certification in other states:

List other states or jurisdictions in which you hold or have held a certificate to monitor a patient to whom nitrous oxide has been administered, a certificate to assist in the administration of nitrous oxide, or a certificate to administer nitrous oxide.

State	Certificate Number	Expiration Date

SECTION II - EDUCATION

A. School of Dental Hygiene (Name, City, State, Country): _____

B. Date of Graduation: _____ Degree Earned: _____

SECTION III – RECOGNITION TO ADMINISTER NITROUS OXIDE IN MARYLAND

A. Name of state in which you are currently certified or otherwise recognized to administer nitrous oxide: _____

Date certification was issued: _____

Date of expiration: _____

B. Have you passed the Commission on Dental Competency Assessments Nitrous Oxide Examination for Dental Hygienists?

- Yes No

- C. If you answered "Yes" to question B. provide the date on which you passed: _____
- D. Have you within the 2-year period immediately preceding the date of this application, in a state other than Maryland, successfully administered nitrous oxide to at least 10 dental patients without complications.
- Yes No

If you answered "Yes" to question D. attach a notarized affidavit to this application. You must sign and date the affidavit which must contain the following language: "I solemnly affirm under the penalties of perjury that the contents of the foregoing affidavit are true to the best of my knowledge, information, and belief." (A form Affidavit is attached).

SECTION IV - CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section IV – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction or any federal or state entity denied either your application for licensure, reinstatement, renewal, certification to monitor a patient to whom nitrous oxide has been administered, certification to assist in the administration of nitrous oxide, certification to administer nitrous oxide, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction by any licensing or disciplinary board or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dental hygiene license, certification to monitor a patient to whom nitrous oxide has been administered, certification to assist in the administration of nitrous oxide, or certification to administer nitrous oxide been withdrawn in any state for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Are there any criminal charges against you in any court of law, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical or mental condition that currently impairs your ability to practice dental hygiene? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Do you illegally use drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you been named as a defendant in a filing or settlement of a malpractice action? |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal or state entity for any disciplinary reasons or while under investigation for disciplinary reasons? |

Release and Certification:

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for recognition to administer nitrous oxide in Maryland from any person or agency, including but not limited to undergraduate and postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals, and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my practice of dental hygiene as a licensed dental hygienist in the State of Maryland.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, §4-315.

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, Then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

**Check List for Dental Hygienist Recognition to Administer
Nitrous Oxide by Virtue of
Recognition in Another State**

Please review prior to sending your application package to the Board.

- 1. Is your application completed front and back?
 - Did you sign and have the application notarized?

- 2. Did you enclose the \$50 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners? (Note: The \$50 fee is waived if: a) you presently hold a recognition issued by this Board to "monitor" a patient to whom nitrous oxide has been administered by a dentist; b) you have taken and passed the Commission on Dental Competency Assessments Nitrous Oxide Examination for Dental Hygienists; c) you have filed an Affidavit with the Board indicating that you have, within the 2-year period immediately preceding the date of this application successfully administered nitrous oxide to at least 10 dental patients without complications; and d) you otherwise meet the requirements of the law. If you believe that you qualify for a fee waiver, please call the Board to confirm prior to submitting your application.

- 3. Did you enclose a certified copy of your most recent certification from the state of certification identified in your answer to Section III A. indicating that in a state other than Maryland you hold a certification or are otherwise recognized to administer nitrous oxide?

- 4. Did you enclose a certified examination score from the Commission on Dental Competency Assessments indicating that you passed the Commission on Dental Competency Assessments Nitrous Oxide Examination for Dental Hygienists?

- 5. Did you enclose a notarized affidavit indicating that you have within the 2-year period immediately preceding the date of this application, in a state other than Maryland, successfully administered nitrous oxide to at least 10 patients without complications?

(A form Affidavit is attached.)

- 6. Did you include documentation of legal name change (i.e. marriage certificate) if the documents sent with the application are in another name?

**APPLICATION FOR RECOGNITION TO ADMINISTER NITROUS OXIDE
BY VIRTUE OF RECOGNITION IN ANOTHER STATE**

The Board may not process an application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

To apply for recognition, submit the Application and enclose the following with your application:

- A \$50 non-refundable fee. (See note above for possible waiver of fee).
- A certified copy of your most recent certification from the state of certification identified in your answer to Section III A. indicating that in a state other than Maryland you hold a certification or are otherwise recognized to administer nitrous oxide.
- A certified examination score from the Commission on Dental Competency Assessments indicating that you passed the Commission on Dental Competency Assessments Nitrous Oxide Examination for Dental Hygienists.
- A notarized affidavit indicating that you have within the 2-year period immediately preceding the date of this application, in a state other than Maryland, **successfully administered nitrous** oxide to at least 10 dental Patients without complications. (Affidavit is attached.)
- If applicable, evidence of legal name change, such as a marriage certificate or court documents.

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
55 Wade Avenue
Catonsville, MD 21228
ATTN: Administer Nitrous Oxide

Affidavit

Board Recognition to Administer Nitrous Oxide by Virtue of Recognition in Another State

Complete This Affidavit Only If You Seek Recognition To Administer Nitrous Oxide by Virtue of Recognition in Another State

I, _____, a registered dental hygienist in the State of Maryland do solemnly affirm under the penalties of perjury that within the 2-year period immediately proceeding the date of this application, in a state other than Maryland, I have successfully administered nitrous oxide to at least 10 dental patients without complications.

Date

Signature

NOTARY

STATE OF _____ CITY/COUNTY OF _____

I HEREBY CERTIFY THAT on this _____ day of _____, 20 ____, before me, a Notary Public of the State of Maryland and the City/County aforesaid, personally appeared before me

_____ made oath in due form of law that signing the foregoing Affidavit was his/her voluntary act and deed.

AS WITNESS my hand and Notary Seal.

Notary Public

My Commission Expires: _____