234 CMR 4.00: LICENSURE AND LICENSE RENEWAL REQUIREMENTS

Section

4.01: Purpose

4.02: Reporting of Disciplinary Action, License Denial or Other Restriction of Professional Privileges 4.03: Initial Dentist Licensure by Examination

4.04: Initial Dentist Licensure by Credentials

4.05: Initial Licensure as Limited License Full-time Faculty or Limited License Dental Intern

4.06: Renewal of Limited License Full-time Faculty License and Limited License Dental Intern License 4.07: Initial Dental Hygienist Licensure by Examination

4.08: Initial Dental Hygienist Licensure by Credentials

4.09: Application for Licensure as a Dental Hygienist by a Dental Student

4.10: Minimum Requirements for Chapter 112-approved Programs and Chapters 69- and 74-approved Programs That Do Not Have CODA Accreditation

4.11: Initial Dental Assistant Licensure for EFDA-, CA- and FTDA-qualified Individuals 4.12: Initial Licensure for Dental Assistants Trained on the Job

4.13: Notice of Intent to Apply as a First-time Dental Assistant Trained on the Job (OJT) 4.14: License Renewal, Reactivation, and Reinstatement

* 1. : Applicant and Licensee Responsibilities
  2. : Reinstatement of a License Which Has Been Revoked, Surrendered~~,~~ or Suspended~~, or Placed on Probation by the Board~~

4.17: License Retirement

4.01: Purpose

The purpose of 234 CMR 4.00 is to specify the ~~licensing~~ eligibility and application requirements to obtain an initial ~~and~~or renewal license~~s~~ ~~issued by the Board,~~ and to ~~describe procedures~~specify requirements for the reinstatement of ~~certain~~ a license~~s~~  that has ~~after a license has~~ been ~~placed on probation,~~ suspended, surrendered or revoked ~~by the Board~~.

4.02: Reporting of Disciplinary Action, License Denial or Other Restriction of Professional Privileges

For license applications, ~~purposes prescribed in 234 CMR 4.02~~, ~~the term~~ disciplinary actions include~~s~~, but ~~is~~ are not limited to, revocation, suspension, probation, censure, reprimand, or restriction of the license to practice dentistry, dental hygiene or dental assisting, non-renewal, denial or restriction of privileges or termination of participation. ~~The~~ An applicant for initial licensure or renewal of licensure shall report:

* + 1. A denial or restriction of privileges ~~when~~ related in any way to:
       1. The applicant's competence to practice dentistry, dental hygiene or dental assisting; or
       2. A complaint or allegation regarding any violation, whether specifically cited or not, of the laws, regulations, or ~~bylaws~~ policies of the Board ~~or any authority, institution, association, facility, agency, or company~~.
    2. Information concerning any disciplinary action taken against an applicant by any of the following:
       1. Governmental authorities, including boards of registration in other jurisdictions;
       2. Hospitals;
       3. Health care facilities, but not including disciplinary action taken against a student by a dental school, dental hygiene school or program, or dental assisting school or program;
       4. Professional dental, dental hygiene or dental assisting associations, but not including professional association peer review proceedings;
       5. Insurance companies or other third party payors which shall only include findings of billing irregularities for any of the following as stated in M.G.L. c. 112, § 52E:
          1. Obtaining a total payment in excess of that usually received by the dentist for services rendered;
          2. Falsely reporting treatment dates for the purpose of obtaining payment;
          3. Reporting charges for services not rendered;
          4. Falsely reporting services rendered for the purpose of obtaining payment; or
          5. Abrogating the co-payment provisions of a contract by accepting the payment ~~re­ ceived~~received from the third party as full payment.
    3. Information concerning any civil litigation related to the practice of dentistry, dental hygiene~~,~~ or dental assisting ~~which~~ that~~has~~ resulted in a finding against ~~the applicant and/~~or a settlement with the applicant, as ~~may be required by~~ the Board may require.
    4. Information concerning any criminal proceedings commenced against the applicant but not including minor traffic offenses, as the Board may ~~be~~ require~~d by the Board~~.
    5. Information concerning an applicant's privilege to possess, prescribe~~,~~ or dispense controlled substances.

4.03: Initial Dentist Licensure by Examination

The Board may grant a license by examination ~~provided~~ to an~~the~~ applicant, who is of good moral character, has met all ~~of the~~ eligibility requirements~~,~~ and has submitted the following information ~~and documentation~~ to the Board:

* + 1. An accurate, complete and signed application, as specified by the Board for that purpose;
    2. Payment of a non-refundable licensing and application fee as determined by the Executive Office of Administration and Finance, unless waived in accordance with M.G.L. c. 112, §1B;~~;~~
    3. An original transcript with the college seal stating~~indicating~~ the degree granted and the date of issue from a CODA-accredited dental school or any successor accrediting agency approved by the Board, or a letter including the college's seal ~~which is~~ signed by the appropriate authority and attest~~s~~ing to the applicant's degree and date of graduation;
    4. A physician's statement ~~that is the result~~made after ~~of~~ an examination~~,~~ conducted within ~~six months~~one year of the date of application, attesting to the health of the applicant and to any impairments ~~which~~ that may affect the ability of the applicant to practice dentistry;
    5. Documentation of a passing score on each of the following exams:
       1. Parts I and II of the American Dental Association National Board Examination;
       2. The CDCA ~~Northeast Regional Board (NERB)~~ or other state or regional examination approved by the Board; and
       3. Massachusetts Dental Ethics and Jurisprudence Examination or other successor examination of the Board;
    6. Documentation of current BLS certification or CPR/AED cetification, except an applicant applying for an anesthesia permit shall provide documentation that complies with 234 CMR 6.00: *Administration of Anesthesia and Sedation*~~Documentation demonstrating current certification in American Red Cross Cardiopulmonary Resuscitation Automated External Defibrillation for the Professional Rescuer (CPR/AED), except that an applicant who is also applying for an anesthesia permit shall provide documentation of compliance with 234 CMR 6.00:~~ *~~Administration of Anesthesia and Sedation~~*;
    7. A passport-size color photograph ~~in color~~;
    8. A statement disclosing any and all disciplinary ~~action~~, civil, ~~and/~~or criminal action taken or filed against the applicant ~~at~~ any time after reaching the age of majority and prior to the date of application, with supporting documentation as the Board may ~~be~~ require~~d by the Board~~;
    9. Proof satisfactory to the Board of good moral character; and
    10. An attestation, signed under pains and penalties of perjury, that the applicant has complied with all state tax laws pursuant to M.G.L. c. 62C, § 49A and child support laws pursuant to

M.G.L. c. 119A, § 16(a).

(11) Proof satisfactory to the Board of completion of training required pursuant to M.G.L. c. 94C, § 18(e) as a condition precedent for obtaining licensure.

4.04: Initial Dentist Licensure by Credentials

The Board may grant a license by credentials, without further professional examination, to a dentist currently licensed in another jurisdiction, provided the applicant is of good moral character, has met all ~~of the~~ eligibility requirements~~,~~ and has submitted the following information ~~and documentation~~ to the Board:

* + 1. An accurate, complete and signed application on forms specified by the Board for that purpose;
    2. Payment of a non-refundable licensing and application fee as determined by the Executive Office of Administration and Finance, unless waived in accordance with M.G.L. c. 112, §1B;
    3. An original transcript with the college seal stating~~indicating~~ the degree granted and the date of issue from a CODA-accredited dental school or any successor accrediting agency approved by the Board, or a letter including the college's seal ~~which is~~ signed by the appropriate authority and attesting~~s~~ to the applicant's degree and date of graduation;
    4. A physician's statement ~~that is the result of~~made after an examination~~,~~ conducted within ~~six months~~one year of the date of application, attesting to the health of the applicant and to any impairments ~~which~~ that may affect the ability of the applicant to practice dentistry;
    5. Proof satisfactory to the Board of a minimum of five years of practice in dentistry or dental education immediately preceding the application for licensure by credentials. An ~~A~~applicant~~s~~ may include~~;~~ private practice; the practice of dentistry in the armed forces; federal, state, and municipal programs; and intern and residency programs as part of th~~e~~is five year dental practice requirement;
    6. Proof satisfactory to the Board that the applicant is currently licensed and in good standing in another jurisdiction based on ~~successful completion of~~passing a Board-approved~~n~~ examination ~~approved bythe Board~~;
    7. Documentation of a passing score on each of the following exams:
       1. Parts I and II of the American Dental Association National Board Examination;
       2. The CDCA~~Northeast Regional Board (NERB)~~ or other state or regional examination approved by the Board; and
       3. Massachusetts Dental Ethics and Jurisprudence Examination or any successor examination;
    8. Certified letters of standing from all jurisdictions in which the applicant has ~~ever~~ been issued a license to practice dentistry attesting to the standing of ~~his or her~~the applicant’s license, including report of any past or pending disciplinary action, or any pending complaints against the applicant;
    9. Letters of endorsement from two licensed dentists who are in good standing and familiar with the applicant and his or her practice of dentistry which attest to the applicant's professional competency and good moral character;
    10. Original report from the National Practitioner Data Bank (NPDB) Self-query;
    11. Documentation of current BLS certification or CPR/AED certification, except an applicant applying for an anesthesia permit shall provide documentation that complies with 234 CMR 6.00: *Administration of Anesthesia and Sedation*~~Documentation demonstrating current certification in American Red Cross Cardiopulmonary Resuscitation/Automated External Defibrillation for the Professional Rescuer (CPR/AED), except that an applicant who is also applying for an anesthesia permit shall provide documentation of compliance with 234 CMR 6.00~~ *~~Administration of Anesthesia and Sedation~~*;
    12. A statement disclosing any and all disciplinary action, civil ~~and/~~or criminal action, or restriction of privileges taken or filed against the applicant at any time prior to the date of application, with supporting documentation as the Board may ~~be~~ require~~d by the Board~~;
    13. A passport-size color photograph ~~in color~~;
    14. Proof satisfactory to the Board of good moral character; and
    15. An attestation, signed under pains and penalties of perjury, that the applicant has complied with all state tax laws pursuant to M.G.L. c. 62C, § 49A and child support laws pursuant to

M.G.L. c. 119A, § 16(a).

(16) Proof satisfactory to the Board of completion of training required pursuant to M.G.L. c. 94C, § 18(e) as a condition precedent for obtaining licensure.

4.05: Initial Licensure as Limited License Full-time Faculty or Limited License Dental Intern

Pursuant to M.G.L. c. 112, § 45A, the Board may grant a limited license for a dentist to serve as a full-time member of a dental college faculty or as a limited license dental intern in a hospital or other institution maintained by the state, a county or municipality, or hospital or dental infirmary incorporated under the laws of the Commonwealth, provided that the applicant is of good moral character, has met all ~~of the~~ eligibility requirements~~,~~ and has submitted the following information ~~and documentation~~ to the Board:

* + 1. An accurate, complete~~,~~ and signed application as specified by the Board for that purpose;
    2. Payment of a non-refundable licensing and application fee as determined by the Executive Office of Administration and Finance;
    3. Proof satisfactory to the Board that the applicant has received a diploma in dentistry from the faculty of a reputable dental college ~~as defined in M.G.L. c. 112, § 46~~:
       1. Graduates of a dental program accredited by CODA or any Board-approved successor accrediting agency ~~approved by the Board~~ shall submit an original transcript with the college seal stating~~indicating~~ the degree granted and the date of issue ~~from a CODA-accredited dental school or any successor accrediting agency approved by the Board~~, or a letter including the college's seal ~~which is~~ signed by the appropriate authority ~~and~~ attesting~~s~~ to the applicant's degree and date of graduation.
       2. Graduates of non-CODA or foreign dental programs shall submit an original transcript, with college seal stating~~that indicates~~ the date of issuance of a dental diploma ~~from a reputable dental college~~. If the transcript is not in English, the applicant shall provide a certified translated copy of the original dental college transcript demonstrating the applicant received a dental degree ~~from a reputable dental college~~.
    4. Proof satisfactory to the Board of employment as full-time faculty in a dental school accredited by CODA or as a dental intern in a hospital or other institution maintained by the state, a county or municipality, or hospital or dental infirmary incorporated under the laws of the Commonwealth.
       1. An applicant for a limited faculty license ~~full-time member of faculty~~ shall submit an original letter with the college seal ~~that~~ confirming~~s~~ the applicant's status and dates of appointment as a full-time faculty member at a CODA-accredited dental school. The application ~~for licensure~~ shall also include the printed name, signature and license number of the applicant's supervising licensed dentist, who shall ~~hold a valid license issued by the Board pursuant to M.G.L. c. 112, § 45 and~~ be in good standing with the Board.
       2. An application for a limited dental intern license ~~dental intern employed by a hospital or other institution maintained by the state, county or municipality, or hospital or dental infirmary incorporated under the laws of the Commonwealth~~ shall submit an application for licensure stating~~that indicates~~ the applicant's place(s) of employment and date of appointment. The application shall also include the printed name, signature and license number of the applicant's supervising licensed dentist, whose license shall ~~hold a valid license issued by the Board pursuant to M.G.L. c. 112, § 45 and~~ be in good standing ~~with the Board~~.
    5. Documentation of ~~successful completion of~~ continuing education in the following areas ~~of study~~ or the applicant’s~~a~~ signed attestation ~~from the applicant which confirms~~ that the applicant~~he or she~~ will~~,~~ within one year of initial licensure~~,~~ ~~successfully~~ complete the following in accordance with 234 CMR 8.00: *Continuing Education*:
       1. A minimum of three CEU~~'~~s in CDC Guidelines ~~(234 CMR 2.00:~~ *~~Purpose, Authority, Definitions~~*~~)~~;
       2. A minimum of three CEU~~'~~s in OSHA Standards ~~at 29 CFR~~;
       3. A minimum of six CEU~~'~~s in treatment planning and diagnosis;
       4. A minimum of three CEU~~'~~s in record-keeping;
       5. A minimum of two CEU~~'~~s in risk management; and
       6. A minimum of three CEU~~'~~s in pharmacology, with emphasis on prescription writing; or
       7. Evidence of enrollment in a CODA-accredited dental school that includes the areas of study included in 234 CMR 4.05(5)(a) through (f).
    6. Documentation of current BLS certification or CPR/AED certification~~Documentation demonstrating current certification in American Red Cross Cardiopulmonary Resuscitation/Automated External Defibrillation for the Professional Rescuer (CPR/AED) or current certification in the American Heart Association Basic Life Support for Healthcare Providers (BLS)~~;
    7. If the applicant has graduated from a dental school where the language of ~~written or oral~~ instruction (including textbooks) ~~or both,~~ is ~~in a language other than~~not English, the applicant shall submit documentation ~~satisfactory to the Board that~~ the applicant has achieved a minimum passing score, as specified by the Board, on a Board-designated test of English proficiency;
    8. A physician's statement ~~that is the result of~~made after an examination~~,~~ conducted within ~~six months~~one year of the date of application, attesting to the health of the applicant and reporting impairments ~~which~~ that may affect the applicant's ability to practice dentistry;
    9. Certified letters of standing from all jurisdictions in which the applicant has ever been issued a license to practice dentistry attesting to the standing of ~~his or her~~the applicant’s license, including report of any past or pending disciplinary action~~,~~ or any pending complaints against the applicant;
    10. A practice history;
    11. An original report from the ~~National Practitioner Data Bank (~~NPDB~~)~~ Self-query;
    12. A statement disclosing any and all disciplinary ~~action~~, civil ~~and/~~or criminal action taken or filed against the applicant at any time prior to the date of application, with supporting documentation as the Board may ~~be~~ require~~d by the Board~~;
    13. Proof satisfactory to the Board of good moral character;
    14. Documentation of ~~successful completion of~~passing the Massachusetts Dental Ethics and Jurisprudence Examination or any successor examination;
    15. A passport-size color photograph ~~in color~~; and
    16. An attestation, signed under pains and penalties of perjury, that the applicant has complied with all state tax laws pursuant to M.G.L. c. 62C, § 49A and child support laws pursuant to M.G.L. c. 119A, § 16(a).

(17) Proof satisfactory to the Board of completion of training required pursuant to M.G.L. c. 94C, § 18(e) as a condition precedent for obtaining licensure.

4.06: Renewal of Limited License Full-time Faculty License and Limited License Dental Intern License

* + 1. Full-time Faculty. A limited licensee ~~who has been initially~~ issued a limited full-time faculty license ~~by the Board pursuant to M.G.L. c. 112, § 45A~~ may apply to the Board annually to renew ~~his or her~~the limited license by submitting the application~~s~~, fees~~,~~ ~~documents~~ and information required by the Board including the applicant's compliance with 234 CMR 8.02(2).
    2. Limited License Dental Intern. A limited licensee ~~who has been initially~~ issued a limited dental intern license ~~by the Board pursuant to M.G.L. c. 112, § 45A~~ may apply annually to renew the limited license(s) and shall not practice dentistry under any initial or renewal limited licenses for more than five years. ~~apply to the Board annually to renew his or her limited license(s) for a maximum of five one-year periods~~Before the fifth renewal of a limited license, ~~except that said licensee may, upon permission of the Board, take the NERB Clinical Exam in Dentistry (CED) or successor examination required by the Board. A~~a limited license dental intern shall ~~who successfully completes and~~ pass~~es~~ the ~~NERB~~CDCA’s~~/~~CED or Board-approved clinical exam and may thereafter apply to the Board annually to renew ~~his or her~~the ~~l~~imited license(s) ~~license to practice dentistry in the Commonwealth in settings specified in M.G.L. c. 112, § 45A and~~. A limited licensee shall comply with CEU requirements set forthin ~~compliance with~~ 234 CMR 8.02(2).

(3) A limited licensee who holds a Massachusetts Controlled Substance Registration, DEA Registration or otherwise prescribes within the meaning of M.G.L. c. 94C, shall complete annual training required pursuant to M.G.L. c. 94C, §18(e) as a condition precedent to renewing a license.~~An individual who holds a license to practice dentistry pursuant to M.G.L. c. 112, § 45A on or before August 20, 2010 shall be exempt from demonstrating proficiency in English (~~*~~See~~* ~~234 CMR 4.05(7))~~.

4.07: Initial Dental Hygienist Licensure by Examination

The Board may grant a license by examination to an applicant provided the applicant is of good moral character, has met all ~~of the~~ eligibility requirements~~,~~ and has submitted the following information ~~and documentation~~ to the Board:

* + 1. An accurate, complete and signed application, as specified by the Board for that purpose;
    2. Payment of a non-refundable licensing and application fee as determined by the Executive Office of Administration and Finance, unless waived in accordance with M.G.L. c. 112, §1B;
    3. An original transcript with the college seal stating~~indicating~~ the degree granted and the date of issue from a CODA-accredited dental hygiene program or any successor accrediting agency approved by the Board, or a letter including the college's seal ~~which is~~ signed by the appropriate authority ~~and~~ attesting~~s~~ to the applicant's degree and date of graduation;
    4. Documentation of ~~a~~ passing ~~score on~~ each of the following examinations:
       1. Parts I and II of the American Dental Association National Board Examination for Dental Hygienists;
       2. The CDCA~~NERB~~ examination for Dental Hygiene or other state or regional examination approved by the Board; and
       3. Massachusetts Dental Ethics and Jurisprudence Examination or any successor examination;
    5. Documentation of current BLS certification or CPR/AED certification ~~Documentation demonstrating current certification in American Red Cross Cardiopulmonary Resuscitation/Automated External Defibrillation for the Professional Rescuer (CPR/AED) or current certification in the American Heart Association Basic Life Support for Healthcare Providers (BLS)~~;
    6. A physician's statement ~~that is the result of~~made after an examination conducted within ~~six months~~one year of the date of application, attesting to the health of the applicant and reporting impairments ~~which~~ that may affect the applicant's ability to practice dental hygiene;
    7. A passport-size color photograph ~~in color~~;
    8. A statement disclosing any and all disciplinary, civil ~~and/~~or criminal action taken or filed against the applicant at any time prior to the date of application, with supporting documentation as the Board may ~~be~~ require~~d by the Board~~;
    9. Proof satisfactory to the Board of good moral character; and
    10. An attestation, signed under pains and penalties of perjury, that the applicant has complied with all state tax laws pursuant to M.G.L. c. 62C, § 49A and child support laws pursuant to

M.G.L. c. 119A, § 16(a).

4.08: Initial Dental Hygienist Licensure by Credentials

The Board may grant a license by credentials, without further professional examination, to a dental hygienist currently licensed in another jurisdiction provided that the applicant is of good moral character, has met all ~~of the~~ eligibility requirements, and has submitted the following information and documentation to the Board:

* + 1. An accurate, complete and signed application, as specified by the Board for that purpose;
    2. Payment of a non-refundable licensing and application fee as determined by the Executive Office of Administration and Finance, unless waived in accordance with M.G.L. c. 112, §1B;
    3. An original transcript with the college seal stating~~indicating~~ the degree granted and the date of issue from a CODA-accredited dental hygiene program or ~~any~~ Board-approved successor accrediting agency ~~approved by the Board~~, or a letter including the college's seal ~~which is~~ signed by the appropriate authority ~~and~~ attest~~s~~ing to the applicant's degree and date of graduation;
    4. A physician's statement ~~that is the result of~~made after an examination~~,~~ conducted within ~~six months~~one year of the date of application, attesting to the health of the applicant and to any impairments ~~which~~ that may affect the ability of the applicant to practice dental hygiene~~istry~~;
    5. Proof satisfactory to the Board of a minimum of one year of practice in dental hygiene or dental hygiene education immediately preceding the application for licensure by credentials;
    6. Proof satisfactory to the Board that the applicant is currently licensed and in good standing in another jurisdiction based on ~~successful completion~~passing a Board-approved ~~of an~~ examination ~~approved by the Board~~;
    7. Documentation of ~~a~~ passing ~~score on~~ each of the following examinations:
       1. Parts I and II of the American Dental Association National Board Examination for Dental Hygienists; and
       2. Massachusetts Dental Ethics and Jurisprudence Examination or any successor examination.
    8. Certified letters of standing from all jurisdictions in which the applicant has ~~ever~~ been issued a license to practice dental hygiene attesting to the standing of ~~his or her~~the applicant’s license including a report of any past or pending disciplinary action, or any pending complaints against the applicant;
    9. Documentation of current BLS certification or CPR/AED certification~~Documentation demonstrating current certification in American Red Cross Cardiopulmonary Resuscitation/Automated External Defibrillation for the Professional Rescuer (CPR/AED) or current certification in the American Heart Association Basic Life Support for Healthcare Providers (BLS)~~;
    10. A statement disclosing any and all disciplinary, civil ~~and/~~or criminal action taken or filed against the applicant at any time prior to the date of application, with supporting documentation as the Board may ~~be~~ require~~d by the Board~~;
    11. A passport-size color photograph ~~in color~~;
    12. Proof satisfactory to the Board of good moral character; and
    13. An attestation, signed under pains and penalties of perjury, that the applicant has complied with all state tax laws pursuant to M.G.L. c. 62C, § 49A and child support laws pursuant to M.G.L. c. 119A, § 16(a).

4.09: Application for Licensure as a Dental Hygienist by a Dental Student

The Board may grant a dental hygiene license to a student who has ~~successfully~~ completed four full semesters in a CODA-accredited dental school provided that the applicant is of good moral character, has met ~~all of~~ the eligibility requirements~~,~~ and has submitted the following information ~~and documentation~~ to the Board:

* + 1. An accurate, complete and signed application, as specified by the Board for that purpose;
    2. Payment of a non-refundable licensing and application fee as determined by the Executive Office of Administration and Finance, unless waived in accordance with M.G.L. c. 112, §1B;
    3. An original transcript with the college seal from the program's authorized official stating~~indicating~~ the applicant's enrollment and successful completion of four semesters in a CODA-accredited dental school;
    4. Documentation of ~~a~~ passing ~~score on~~ each of the following examinations:
       1. Part I of the American Dental Association National Board Examination for Dentistry; and
       2. The ~~Northeast Regional~~ CDCA ~~(NERB)~~ for Dental Hygiene or other state or regional examination approved by the Board; and
       3. Massachusetts Dental Ethics and Jurisprudence Examination or any successor examination;
    5. Documentation of current BLS certification or CPR/AED certification~~Documentation demonstrating current certification in American Red Cross Cardiopulmonary Resuscitation/Automated External Defibrillation for the Professional Rescuer (CPR/AED) or current certification in the American Heart Association Basic Life Support for Healthcare Providers (BLS)~~;
    6. A physician's statement ~~that is the result~~made after ~~of~~ an examination~~,~~ conducted within ~~six months~~one year of the date of application, attesting to the health of the applicant and reporting impairments ~~which~~ that may affect the applicant's ability to practice dental hygiene;
    7. A passport-size color photograph ~~in color~~;
    8. A statement disclosing any and all disciplinary, civil ~~and/~~or criminal action taken or filed against the applicant at any time prior to the date of application, with supporting documentation as the Board may ~~be~~ require~~d by the Board~~;
    9. Proof satisfactory to the Board of good moral character; and
    10. An attestation, signed under pains and penalties of perjury, that the applicant has complied with all state tax laws pursuant to M.G.L. c. 62C, § 49A and child support laws pursuant to M.G.L. c. 119A, § 16(a).

4.10: Minimum Requirements for Chapter 112-approved Programs and Chapters 69- and 74-approved Programs That Do Not Have CODA Accreditation

All Chapter 112-approved Programs, and Chapters 69- and 74-approved Programs that are not accredited by CODA, must:

* + 1. culminate in a diploma or certificate of completion or credential; and
    2. consist of an academic program in which:
       1. Students must complete a minimum of 936 hours which includes courses in the content areas specified below:
          1. Biomedical sciences content area:

body structure and function;

basic concepts of microbiology pertaining to infection control; and

basic nutrition.

* + - * 1. Professional dental assisting content area:

dental materials and instruments;

dental radiography techniques and safety;

basic dental and oral anatomy;

introductory content in oral histology, embryology, pathology, and therapeutics; and

legal and ethical aspects (dental record keeping, terminology, charting and patient confidentiality);

* + - * 1. Clinical content area:

chairside dental assisting and appropriate laboratory procedures;

patient education and preventive dentistry;

dental radiographic procedures;

infection control; and

assisting in management of dental and medical emergencies;

* + - * 1. Course work in oral and written communications and basic behavioral concepts;
        2. A minimum of 200 hours of clinical experience.
      1. Instructors shall hold a degree in dentistry, dental hygiene or dental assisting from a CODA-accredited school or program or hold a current certificate in dental assisting from DANB or other Board-approved certifying body.

4.11: Initial Dental Assistant Licensure for EFDA-, CA-, and FTDA-qualified Individuals

Effective January 1, 2015, no individual may practice as an EFDA, CA, or FTDA, unless that individual holds a license granted by the Board pursuant to 234 CMR 4.11.

The Board may grant a license to an applicant provided the applicant is at least 18 years of age, of good moral character, has met all of the eligibility requirements, and has submitted the following information and documentation to the Board:

* + 1. An accurate, complete and signed application, as specified by the Board for that purpose;
    2. Payment of a non-refundable licensing and application fee as determined by the Executive Office of Administration and Finance, unless waived in accordance with M.G.L. c. 112, §1B;
    3. Documentation ~~demonstrating~~ of ~~successful~~ completion of a dental assisting program as follows:
       1. Proof of current certification from DANB or other Board-approved certifying body; or
       2. An original transcript including the date of graduation and degree granted from a dental assisting program that has been authorized, approved, accredited, licensed or certified by the Massachusetts Department of Higher Education (DHE), or the New England Association of Schools and Colleges (NEASC) or both; or
       3. An original transcript including the date of graduation and degree granted from a CODA-accredited ~~, Chapters 69- and 74-approved~~ p~~P~~rogram in dental assisting; or
       4. An original transcript including the date of graduation or a letter including the school or program's seal which is signed by the appropriate authority and attests to the applicant's degree, diploma, or certificate, from either a Chapters 69- and 74-approved Program in dental assisting or a Chapter 112-approved Program in dental assisting, provided that such program meets the criteria set forth at 234 CMR 4.10; or
       5. Such other proof of completion of a Chapter 112-approved Program in dental assisting, as the Board may declare to be acceptable via an advisory ruling, provided that such program meets the criteria set forth at 234 CMR 4.10.

~~If the applicant has graduated from a dental assistant school or program where the language of written or oral instruction (including textbooks) or both, is in a language other than English, the applicant shall submit documentation satisfactoryto the Board that the applicant has achieved a minimum score, as specified by the Board, on a Board-designated test of English proficiency;~~

* + 1. Certified letters of standing from all jurisdictions in which the applicant has ~~ever~~ been issued a license to practice dental assisting, dental hygiene or dentistry ~~attesting to the standing of his or her license~~, including a report of any past or pending disciplinary action, or any pending complaints against the applicant;
    2. An attestation, signed under the pains and penalties of perjury, that the applicant has read, understands and agrees to comply with *The Policy on Principles of Ethics and Code of Professional Conduct*, published by the American Dental Assistants Association;
    3. Documentation of current BLS certification or CPR/AED certification~~Documentation demonstrating current certification in American Red Cross Cardio Pulmonary Resuscitation/Automated External Defibrillation for the Professional Rescuer (CPR/AED) or current certification in the American Heart Association Basic Life Support for Healthcare Providers (BLS)~~;
    4. A statement disclosing any and all disciplinary, civil ~~and/~~or criminal action taken or filed against the applicant at any time prior to the date of application, with supporting documentation as the Board may ~~be~~ require~~d by the Board~~;
    5. A passport-size color photograph ~~in color~~;
    6. An attestation, signed under the pains and penalties of perjury, that the applicant has obtained, within one year prior to the date of application, a written statement from a physician attesting to the applicant's health and fitness to practice dental assisting, which applicant shall make available to the Board upon request;
    7. Proof satisfactory to the Board of good moral character; and
    8. An attestation, signed under pains and penalties of perjury, that the applicant has complied with all state tax laws pursuant to M.G.L. c. 62C, § 49A and child support laws pursuant to

M.G.L. c. 119A, § 16(a).

4.12: Initial Licensure for Dental Assistants Trained on the Job (OJT)

Effective January 1, 2015, no individual may practice as an OJT, unless that individual holds a license granted by the Board pursuant to 234 CMR 4.12.

The Board may grant a license to an applicant to practice as a dental assistant who is trained on the job provided that the applicant is 18 years of age or older, of good moral character, is not licensed as a dentist or dental hygienist and has submitted the following information ~~and documentation~~ to the Board:

* + 1. An accurate, complete and signed application, as specified by the Board for that purpose;
    2. Submission of the name and Massachusetts license number of the supervising licensed dentist;
    3. Payment of a non-refundable licensing and application fee as determined by the Executive Office of Administration and Finance, unless waived in accordance with M.G.L. c. 112, §1B;
    4. Certified letters of standing from all jurisdictions in which the applicant has ~~ever~~ been issued a license to practice dental assisting, dental hygiene or dentistry attesting to the standing of his or her license, including a report of any past or pending disciplinary action, or any pending complaints against the applicant;
    5. An attestation, signed under the pains and penalties of perjury, that the applicant has read, understands and agrees to comply with *The Policy on Principles of Ethics and Code of Professional Conduct*, published by the American Dental Assistants Association;
    6. Documentation of current BLS certification or CPR/AED certification~~Documentation demonstrating current certification in American Red Cross Cardio Pulmonary Resuscitation/Automatic Electronic Defibrillation for the Professional Rescuer (CPR/AED) or current certification in the American Heart Association Basic Life Support for Healthcare Providers (BLS)~~;
    7. Documentation of completed course on the CDC Guidelines;
    8. A statement disclosing any and all disciplinary, civil ~~and/~~or criminal action taken or filed against the applicant at any time prior to the date of application, with supporting documentation as the Board may ~~be~~ require~~d by the Board~~;
    9. A passport-sized color photograph ~~in color~~;
    10. Proof satisfactory to the Board of good moral character;
    11. An attestation signed under pains and penalties of perjury, that the applicant has complied with all state tax laws pursuant to M.G L. c. 62C, § 49A and child support laws pursuant to

M.G.L. c. 119A, § 16(a);

* + 1. An attestation, signed under the pains and penalties of perjury, that the applicant has obtained, within one year prior to the date of application, a written statement from a physician attesting to the applicant's health and fitness to practice dental assisting, which applicant shall make available to the Board upon request; and
    2. If ~~the~~ an applicant has received on-the-job training in a language other than English, the applicant shall ~~submit documentation satisfactory to the Board that the applicant has~~ achieve~~d~~ a minimum passing score, as specified by the Board, on a Board-designated test of English language proficiency.
  1. : Notice of Intent to Apply as a First-time Dental Assistant Trained on the Job (OJT)
     1. A person who is 18 years of age or older, who has ~~not been previously~~never been licensed or registered as a dentist, dental hygienist or dental assistant and who is not in violation of any rule or regulation adopted by the board may practice as a dental assistant under the supervision of a licensed dentist ~~licensed pursuant to M.G.L. c. 112, § 45~~  without being registered by the Board for a ~~preliminary and~~ one-time period of up to six consecutive months to commence from the beginning of the initial period of on-the-job training.
     2. Notice of Intent. ~~Prior to commencement of~~Before starting non-~~un~~licensed on-the-job training, ~~the~~ an individual~~person notifying the Board of his or her intent~~ shall notify the Board in writing ~~provide written notification~~ of the intent to ~~commence such~~ train~~ing~~ on a form prescribed by the Board and submit the following documentation ~~to the Board~~:
        1. A complete, accurate, signed, and notarized notice of intent as specified by the Board for that purpose;
        2. An~~A~~ attestation ~~that the~~ the applicant~~person named in the notice of intent~~ has never practiced or been licensed as a dentist, dental hygienist, or dental assistant;
        3. Certification by the supervising licensed dentist on a form prescribed by the Board that ~~he or she~~such dentist ~~is licensed to practice dentistry pursuant to M.G.L. c. 112, § 45~~, is responsible for supervising the person named in the notice of intent to apply, has verified ~~that~~ the person has completed education in ~~Infection Control~~CDC Guidelines, and is not in violation of any rule or regulation adopted by the Board; and
        4. Date when the six-month non-~~un~~licensed, on-the-job training period will ~~commence~~start.
     3. Extension of On-the-job Training. Upon receipt of a written request, the board may extend the on-the-job training period for up to an additional six months for a dental assistant who is enrolled in a program of professional educational training for dental assistants offered by a college, university, or dental school authorized to confer degrees or by another dental institution or association recognized by the Board. The written request must be submitted on a form provided by the Board and include the following:
        1. Name and signature of the supervising dentist responsible for the on-the-job training of the dental assistant; and
        2. Proof satisfactory to the Board of the OJT's enrollment in a dental assisting program that meets the requirements for licensure pursuant to 234 CMR 4.11(3).
  2. : License Renewal, Reactivation and Reinstatement
     1. A licensed dentist ~~issued a license pursuant to M.G.L. c. 112, § 45~~ shall renew ~~his or her~~a dental license ~~to practice dentistry~~ biennially no later than March 31st of even-numbered years. Effective \_\_\_\_\_\_, a licensed dentist shall include with a renewal application, an attestation, signed under the pains and penalties of perjury, the applicant participates in, or had applied to participate in, MassHealth as either a provider of services or as a nonbilling provider for the purpose of ordering and referring services covered by MassHealth, in accordance with M.G.L. c. 112, §45.
     2. A licensed dental hygienist ~~issued a license pursuant to M.G.L. c. 112, § 51~~ shall renew ~~his or her~~a dental hygiene license ~~to practice dental hygiene~~ biennially no later than March 31st of odd-numbered years.
     3. A licensed dental assistant ~~issued a license pursuant to M.G.L. c. 112, § 51½~~ shall renew ~~his or her~~a dental assistant license ~~to practice dental assisting~~ biennially no later than October 31st of odd-numbered years. The first renewal date for individuals licensed as a dental assistant shall be October 31, 2015.
     4. Continuing Education Required for Renewal, Reactivation or Reinstatement. ~~No~~A licensee shall not~~may~~ renew, or petition for ~~reinstate~~reinstatement or reactivation of ~~, or reactivate his or her~~a license ~~to practice dentistry, dental hygiene, or dental assisting~~ unless and until ~~he or she has completed~~ all ~~of the~~ continuing education required for renewal, reactivation or reinstatement set forth in 234 CMR 8.00: *Continuing Education* is completed.
     5. Pursuant to M.G.L. c. 112, §1B(c), the license of a dentist, dental hygienist or dental assistant who is engaged in active service in the armed forces remains valid until 90 days following the release from active duty. The continuing education requirement in section 4.14(4) shall not apply to any biennial cycle in which the licensee was in action service within 90 days immediately preceding the applicable renewal deadline.
     6. ~~If a licensee fails to renew his or her license by the expiration date of the license or fails to meet requirements for renewal of his or her license, the license of such person shall expire on the license expiration date.~~
     7. A licensee shall not practice dentistry, dental hygiene~~,~~ or dental assisting ~~in the Commonwealth while his or her license is~~with an expired, suspended, surrendered or revoked license~~by the Board~~. A licensee who engages in such unlicensed practice~~practices dentistry, dental hygiene, or dental assisting in the Commonwealth during a period in which the individual's license was expired,~~ may be subject to a civil administrative penalty ~~imposed by the Board~~ pursuant to M.G.L. c. 112, § 65(b) and may ~~also~~ be subject to ~~imposition of~~ Board discipline ~~by the Board, including but not limited to reprimand, censure, probation, suspension, and revocation~~.
     8. Renewal on or Prior to License Expiration Date. A licensee~~n~~ ~~individual who holds a license to practice dentistry, dental hygiene, or dental assisting issued by the Board may~~shall renew ~~his or her~~a license by filing a properly completed license renewal application and providing all related ~~application documentation and~~ information to the Board, on forms and in accordance with instructions specified by the Board ~~for that purpose~~, and paying the license renewal fee(s) established by the Executive Office of Administration and Finance.
     9. Renewal after License Expiration Date~~, but~~ Within Two Renewal Cycles.
        1. An individual whose license ~~to practice dentistry, dental hygiene, or dental assisting~~ is expired for less than two renewal cycles may apply for renewal of ~~his or her~~a license only by:
           1. Filing an accurate, complete~~,~~ and signed license renewal application and providing all related ~~application documentation and~~ information ~~to the Board~~ as required by the Board on forms and in accordance with instructions specified by the Board ~~for that purpose~~;
           2. Paying license renewal fee(s) for each intervening renewal cycle~~s~~ and paying the late renewal fee(s) established by the Executive Office of Administration and Finance;
           3. Submitting to the Board required documentation to prove completion of continuing education credits required for each renewal cycle pursuant to 234 CMR 8.00: *Continuing Education*; and
           4. ~~Furnishing~~ Submitting to the Board ~~with~~ a satisfactory written explanation of the reasons for the licensee’s ~~his or her~~ failure to renew the license in a timely manner.
        2. The Board may require the licensee to submit ~~to the Board such~~ additional information ~~and~~ or documentation ~~as may be required by the Board~~  before approving or denying~~to make a determination on~~ the licensee's renewal application ~~for license renewal~~. The Board may require a licensee to provide such additional information either in person or in writing. Failure to respond to or cooperate with such requests shall constitute grounds ~~for~~ to deny~~denial of~~ the application.
     10. Renewal ~~Two or More Renewal Cycles after~~ of Expired License ~~Expiration Date~~Greater than Two Renewal Cycles~~.~~
         1. A licensee~~n individual~~ whose license ~~to practice dentistry, dental hygiene or dental assisting~~ is expired for longer than two renewal cycles, may apply for renewal of ~~his or her~~a license by:
            1. Filing an accurate, complete~~,~~ and signed license renewal application and providing all related ~~application documentation and~~ information ~~to the Board~~ as required by the Board on forms and in accordance with instructions specified by the Board ~~for that purpose~~;
            2. Paying license renewal fee(s) for each intervening renewal cycle and paying the late renewal fee as established by the Executive Office of Administration and Finance;
            3. Submitting to the Board ~~completion~~ certificates for continuing education credits required for each renewal cycle, pursuant to 234 CMR 8.00: *Continuing Education*; and
            4. ~~Furnishing~~ Submitting to the Board a ~~with~~ satisfactory written explanation of the reasons for the licensee’s ~~his or her~~ failure to renew the license in a timely manner.
         2. The Board may require the licensee to submit ~~to the Board such~~ additional information ~~and~~ or documentation ~~as may be required by the Board~~  before approving or denying ~~to make a determination on the~~ the licensee's application for license renewal. Failure to respond to or cooperate with such requests shall constitute grounds to ~~for~~ deny~~ial of~~ the application.
         3. The Board may, in its discretion, require a licensee to be re-examined for competency ~~Pursuant to M.G.L. c. 112, § 46A,~~ when a dentist ~~a dentist~~ has not practiced dentistry in the Commonwealth within five years from the date of ~~the Board's issuance of an~~ initial licensure~~nse~~, or if a dentist does not maintain a current license ~~to practice dentistry in the Commonwealth~~ for a period of five consecutive years~~, the Board may, in its discretion, require the licensee to be re-examined for competency~~.
         4. A licensee ~~may also~~shall ~~be required to~~ fulfill such other ~~terms and~~ conditions as ~~may be required by~~ the Board may require.
     11. The Board may, in its discretion, decline to renew, reactivate or reinstate an expired license and may refer cases of unlicensed practice of dentistry, dental hygiene~~,~~ or dental assisting to appropriate law enforcement authorities for prosecution.

4.15: Applicant and Licensee Responsibilities

* + 1. Each licensee shall inform the Board in writing, as directed by the Board, of any change in the address where the licensee receives mail within 30 calendar days of such change. Failure to comply with this requirement ~~234 CMR 4.15(1)~~ shall not excuse the licensee from timely ~~the responsibility to~~ renewing ~~his or her~~a license or ~~to~~ responding to Board communications ~~in a timely manner~~.
    2. Applicants or licensees shall inform the Board, in writing within 30 calendar days of any change~~s~~ in ~~any~~ information provided to the Board in connection with ~~his or her~~a license or application~~. Such changes shall~~ including~~e~~, but ~~are~~ not limited to, information related to ~~those described in~~ 234 CMR ~~9.05(9), (26), (27) and (28)~~9.03(1)(t), (hh), (ii) or (jj).
    3. All applications for licensure ~~to practice dentistry, dental hygiene, dental assisting~~ or ~~for anesthesia or mobile or portable dental service~~ permits shall be made on forms and in compliance with instructions provided by the Board.
    4. Applicants and licensees shall ~~be responsible for~~ ensure~~ing~~ ~~that any and~~ all information provided to the Board or its designee in connection with any application for licensure or permit is accurate and complete.

~~An applicant shall notify the Board or its designee, in writing, of any and all material changes in any information provided to the Board in connection with his or her license application or permit application which may occur during the application process~~.

* + 1. The Board may require ~~A~~an applicant or licensee~~may be required~~ to submit ~~to the Board such~~ additional information ~~as the Board may require in order~~ to determine whether the applicant is qualified ~~and~~ or is of good moral character ~~for licensure~~. The Board may require ~~such~~ an applicant or licensee to provide ~~such~~ information either in person or in writing, or both. Failure to cooperate with or submit requested information to ~~respond to or cooperate with such requests from~~ the Board shall constitute grounds for denial of ~~the~~ an initial or renewal application.
    2. Applicants and licensees shall ~~be responsible for~~ pay~~ment of~~ all fees and charges required for licensing examinations, processing of license applications~~,~~ and issuance of licenses. All such fees and charges are non-refundable.

4.16: Reinstatement of a License Which Has Been Revoked, Surrendered~~,~~ or Suspended~~, or Placed on Probation by the Board~~

* + 1. A ~~person~~ licensee~~previously registered by the Board~~ whose license has been revoked, surrendered or~~,~~ suspended ~~or placed on probation by the Board may~~ shall petition the Board for reinstatement of the license ~~or return of the license to good standing~~ as provided in a consent ~~written~~ agreement ~~between the licensee and the Board,~~ or ~~as~~ Board final decision and order~~ed by the Board~~. If not otherwise specified by consent agreement or Board order ~~procedure has been previously agreed to by the licensee and the Board or ordered by the Board~~, ~~then~~ the licensee ~~may~~ shall petition the Board for license reinstatement  ~~or return of the license to good standing in accordance with the~~by the following procedure~~s~~:
       1. Licensee shall submit a~~A~~ petition for reinstatement ~~must be filed with the Board~~ which sets forth in detail the background of the complaint and~~/or~~ disciplinary action taken ~~regarding the licensee~~ and the reasons why the license should be reinstated ~~or returned to good standing at that time~~ and ~~. The petition~~ shall also include:
          1. Documentation acceptable to the Board of completion of ~~and compliance with~~ the ~~terms and~~ conditions of any consent agreement or final decision and order issued by the Board;
          2. A detailed summary of the licensee's activities during ~~the period of probation,~~ the revocation, suspension or surrender including, but not limited to, the licensee's professional conduct, remedial actions~~,~~ and academic and other continuing education pursuits;
          3. Documentation acceptable to the Board of completion of ~~the continuing education~~CEU requirements at~~of~~ 234 CMR 8.00: *Continuing Education* and any ~~additional continuing education requirements~~CEUs required by a consent agreement or Board order~~ed by the Board~~;
          4. An outline of projected professional plans for the 24 month period following reinstatement;
          5. If requested by the Board, statements from at least three persons attesting to the character ~~and/~~or health of the applicant as well as the applicant's work and professional history since the date of revocation, suspension or surrender ~~that describe~~and the basis of the affiant's knowledge;
          6. Upon the Board’s request ~~of the Board~~, a licensee ~~may~~ shall~~be required to~~ undergo assessment by a qualified medical, psychiatric or psychological professional, ~~who is~~ acceptable to the Board, and ~~grant consent~~ authorize ~~ing~~ the ~~assessor~~ evaluating provider to release the assessment ~~information~~ to the Board ~~so that the Board can~~to determine the licensee's ability to practice dentistry, dental hygiene or dental assisting in a safe and competent manner; and
          7. An affidavit, signed under pains and penalties of perjury, attesting to the ~~petitioner's~~ licensee’s compliance with all laws of the Commonwealth relating to the payment of state taxes pursuant to M.G.L. c. 62C, § 49A, child support pursuant to M.G.L. c. 119A, § 16(a), to the completion of all continuing education requirements pursuant to 234 CMR 8.00: *Continuing Education*, and to the truthfulness of all statements contained in the licensee's petition for reinstatement.
    2. If requested by the Board, the applicant, any supervisor, and treating health practitioner may be required to personally appear before the Board or a subcommittee of its members.
    3. ~~Pursuant to a final decision and order or a consent agreement, the applicant may be required to achieve a passing score on a current dentistry, dental hygiene, or dental assisting licensure examination and any other examination required for initial licensure to practice dentistry, dental hygiene, or dental assisting in the Commonwealth. The Board will not reinstate the license of an applicant who is required to achieve a passing score on such examination(s) prior to the Board's receipt of official notice that the applicant has achieved a passing score on the required examination(s).~~
    4. Unless the Board orders otherwise, a ~~person whose license~~licensee shall not ~~has been revoked, suspended, surrendered or placed on probation may~~ petition the Board for reinstatement ~~or return to good standing no~~ sooner than two months preceding the expiration of the period of revocation, suspension or ~~,~~ surrender ~~or probation consented to or ordered by the Board~~.
    5. No license which has been revoked, surrendered or~~,~~ suspended~~, or placed on probation by the Board~~ shall be reinstated ~~or otherwise returned to good standing~~ prior to the licensee's compliance with the application requirements of 234 CMR 4.00 and 8.00.

4.17: License Retirement

(1) A licensee who meets the eligibility requirements in 4.17(2) may submit a petition to the Board to request that his or her license be placed on retired status. A retired status is a non-disciplinary license status. The Board will not review any petition for reinstatement or return to current status from any licensee whose status has been changed to retired status.

(2) A licensee will be eligible to submit a petition for retired status, if he or she:

(a) Has a license that is not surrendered, suspended or revoked at the time of the petition; and

(b) Demonstrates, to the board's satisfaction, that he or she intends to permanently retire from active practice in the Commonwealth and in all other jurisdictions.

(3) A licensee with a retired status may not practice.

(4) Nothing in this section shall prevent the Board from initiating, pursuing or taking a disciplinary action against a licensee whose license is in retired status, including an action that imposes discipline or changes the license status from retired to revoked or suspended, if the Board determines such action is in the best interests of public health, safety or welfare.

REGULATORY AUTHORITY

234 CMR 4.00: M.G.L. c. 13, § 19; c. 112, §§ 43 through 53 and 61.