

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
REQUEST FOR RETIRED DENTAL STATUS**

I am requesting that my required annual dental license renewal fee be reduced to \$95.00 due to my retired status.

My signature confirms that I do not practice dentistry for monetary compensation.

I understand that I may provide volunteer dental services provided that I am in compliance with applicable professional liability insurance and continuing education requirements. I further understand that I am prohibited from prescribing or administering controlled substances under Schedules I or II and that I may not own or operate a dental practice. In the event that I return to active employment I must comply with the requirements of Regulations of Connecticut State Agencies §19a-88-10.

Licensee Name (please print)

License Number

Street Address

City

State

Zip Code

Date of Birth

Social Security Number

Daytime Phone Number

E-Mail Address

1. Within the last year have you been convicted of a felony or have you had any disciplinary action taken against you or any such actions pending by another state's licensing authority? NO ____ YES ____

2. Are you presently working in your licensed/certified profession in CT? NO ____ YES ____ Hours of Practice Per Week: ____

3. Are you actively involved in direct patient/client care NO ____ YES ____

What is the address of your primary place of employment? Provide Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Type of Agency: _____ Phone: _____

4. What is the address of your residence? Street: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

5. If an optometrist, are you qualified to hold yourself out as authorized to practice advanced optometric care? YES ____ NO ____

6. If certified in a lead or asbestos discipline, verification of annual refresher training should be submitted to the department by the course instructor or your certificate will not be renewed.

7. Continuing education is mandatory for many professions. As a licensee/certificate holder, you are responsible for familiarizing yourself with the current laws and regulations regarding your profession. You may access this information online at www.ct.gov/dph/license. Advanced Practice RNs and PAs must maintain certification from the national certifying body that qualified them for initial licensure in order to renew such license. By signing this application you are attesting that you are in compliance with current continuing education requirements, mandatory certification requirements, if applicable and that you are familiar with the laws and regulations governing your profession.

8. Many practice acts require that a licensee/certificate holder providing direct patient care services must maintain professional liability insurance or other indemnity against liability for professional malpractice in accordance with CT General Statutes. You may find information regarding your profession online at www.ct.gov/dph/license. By signing this application, you are attesting that you are in compliance with mandatory malpractice insurance coverage requirements appropriate to your profession.

I have reviewed the information provided and requested on this form. I verify that it is accurate and that I satisfy the requirements listed above as they apply to my license/certificate.

Signature

Date

Please return this form directly to:

Dental License Renewal
Department of Public Health
410 Capitol Ave., MS# 12MQA
P.O. Box 340308
Hartford, CT 06134