



ARKANSAS STATE BOARD OF DENTAL EXAMINERS

101 East Capitol Avenue, Suite 111

Little Rock, Arkansas 72201

Phone: 501-682-2085

Web: healthy.arkansas.gov Email: asbde@arkansas.gov

Application for Reinstatement of Dental/Dental Hygiene License

To apply for reinstatement of your expired Arkansas license, submit the following with this application:

- Renewal fees for the years missed plus \$200
- Copies of clinically-related CE certificates (50 hours for dentists, 40 hours for hygienists)
- A copy of your current Basic Life Support CPR card
- Official license verifications from every state where licensed, whether active or not.
Verifications must be sent directly to the Board.

You will be notified when your license has been reinstated. Until then, you may not practice in Arkansas.

Please type or print legibly.

First Name	Middle Name	Maiden Name	Last Name	Degree
Address: (Street or PO Box)		City	State	Zip
Social Security Number		Date of Birth	DEA Number	
Phone Number		Email Address		
I am a: <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist		AR License Number: _____		Date Issued: _____

List (in chronological order) the places where you have practiced since your Arkansas license was issued. If time was served in the military, it may be listed under one entry (as if all was served in one location).

City, State	Dates of practice	Name & complete address of person in each area who can verify your active practice.

List any professional licenses you hold (or have held).

State	Type of License	License Number	Status of license (i.e. current, lapsed, revoked, etc.)

If you answer "yes" to any of the following questions, please attach a detailed explanation.

	YES	NO
Have you ever been suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as a dentist or dental hygienist?		
Have you ever held any public or private office?		
Have any complaints or charges ever been filed (or proceedings instituted against) you?		
Have you ever been charged, arrested, or questioned regarding a violation of any criminal or civil law (except a minor traffic violation)?		
Have you ever had a malpractice charge filed against you, your associates, or your dental employees?		
Have you ever been involved in any civil or criminal legal proceeding not listed, or in bankruptcy?		

In addition to the foregoing:

I hereby give my permission for the Arkansas State Board of Dental Examiners to secure information concerning me on any of the statements of this application from any person or source the Board may desire.

I further agree to submit to questioning by the Board concerning my foregoing statements and to substantiate my statements if requested to do so. The providing of false or fraudulent information is grounds for imposition of the penalties set forth in A.C.A. 17-82-316. I agree to read the Arkansas Dental Practice Act, Dental Corporation Act, and Rules and Regulations of the Board, to abide by these Statutes and Rules, and to take and pass (75%) the current Arkansas jurisprudence examination.

Signature: _____ Date: _____

Renewal Period	Dentist	Hygienist
2024-2025	\$300	\$100
2022-2023	\$300	\$100
2020-2021	\$300	\$100
2018-2019	\$300	\$100
2016-2017	\$300	\$100
2014-2015	\$300	\$100
2012-2013	\$300	\$100
010-2011	\$300	\$100
2008-2009	\$300	\$100
2006-2007	\$300	\$100
2004-2005	\$300	\$100
2003	\$150	\$50
2002	\$100	\$50
1997-2001	\$75	\$35
1992-1996	\$100	\$50
1982-1991	\$60	\$40
1979-1981	\$40	\$20