

APPLICANT INSTRUCTIONS

Basic Requirements and Eligibility for Retired Status. The Retired Dentist/Dental Hygienist license status requires the applicant to have held a dental or dental hygiene license in the state of Colorado prior to applying for retired status. The applicant must provide an affidavit to the Board stating that, after a date certain, the applicant shall not practice dentistry or dental hygiene in Colorado, shall no longer earn income as a dentist, dental hygienist, administrator, or consultant, and shall not perform any activity that constitutes practicing dentistry or dental hygiene unless applicant holds an active license.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at dpo.colorado.gov/HPPP.

Voluntary Service. Those holding a retired status license may provide dental/dental hygiene services on a voluntary basis to the indigent if such service is provided on a limited basis and no fee is charged or compensation received. Under such circumstances, a dentist/dental hygienist shall have immunity for voluntary care provided.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number or Individual Tax Identification Number is Required. Effective January 1, 2009, a Social Security Number or Individual Tax Identification Number is required for all registrations. The Division will consider an application to be incomplete when the applicant fails to submit their Social Security Number or Individual Tax Identification Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number or Individual Tax Identification Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number or Individual Tax Identification Number available online at:
dpo.colorado.gov/DPO_Update>Contact.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your contact information current in our system. **Your email address is not open to public record, but must be provided in this application.** Any requests for additional information, license information and renewal notices will be emailed to the email address on record. If your email address is not current, it is possible you will not receive important information from the Division. You can change your contact information online by using Online Services at:
apps.colorado.gov/dora/licensing/Default.

Renewal. Retired status licenses must be renewed every two (2) years. The renewal cycle ends on the last day of February of even-numbered years. If a retired status license is not renewed timely, it will expire and be subject to reinstatement requirements. Note: Do not use this form to renew as "retired" during the renewal period. Contact the Division at (303) 894-2984 to request renewal documents.

Resuming Active Practice. A dentist or dental hygienist wishing to resume the active practice of dentistry/dental hygiene in Colorado may not do so until he or she applies for and is issued a full, active license. Requirements for licensure are outlined in the Dental Practice Law and the Board's rules and policies, available online at dpo.colorado.gov/Dental/Laws.

APPLICANT CHECKLIST

To apply for a Colorado Dentist/Dental Hygienist Retired Status license:

- ☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- ☐ **Enclose the non-refundable application processing fee.** Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- ☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- ☐ **Complete and maintain an online Healthcare Professions Profile.** You must create and maintain a Healthcare Professions Profile on our website at: dpo.colorado.gov/HPPP. If you have questions or technical issues regarding your online profile, contact the HPPP team at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile. Your Healthcare Professions Profile is an ongoing responsibility; a profile must be updated online within 30 days of changes and/or reportable events.**

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Dental
1560 Broadway, Suite 1350
Denver, CO 80202

The content of this application must not be changed.
If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

License Type: ☐ Dentist ☐ Dental Hygienist

Colorado License Number: Expiration Date:

PART 1—APPLICANT INFORMATION

Name: First:	Middle:	Last:	Suffix:
Previous Name(s):			
Social Security Number or Individual Tax Identification Number:			
E-mail Address: (This will be the primary communication method)			
Mailing Address: <i>This is a <input type="checkbox"/> Home <input type="checkbox"/> Business</i>	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ()		Date of Birth (mm/dd/yyyy):	
Place of Birth (city and state, or foreign country):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

PART 3—AFFIDAVIT

- ☐ By checking this box, I attest that as of the date this application is submitted, I will not practice dentistry/dental hygiene in Colorado nor will I earn income as a dentist/dental hygienist, administrator, or consultant, although I may continue to provide dental/dental hygiene services to the indigent on a limited basis as long as no fee is charged and no compensation is received.
- I understand that I am subject to disciplinary action for any violations of law committed while I hold this retired license and that I may not resume the active practice of dentistry/dental hygiene in Colorado until I fulfill reinstatement terms and receive an active license from the Colorado Dental Board. I attest I have read and understand the information on this application.

PART 4—MILITARY QUESTIONS

1. Are you a Member of the U.S. military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ If YES, provide information below:	
Branch:	Duty Station:
2. Are you the spouse of an active duty military member who has been relocated to Colorado and do you hold a currently valid and active credential to practice in another state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ If YES, refer to the Military Spouse Exemption Form available at: dpo.colorado.gov/military	

ATTESTATION

I state under penalty of perjury in the second degree that the information contained in this application is true and correct to the best of my knowledge. False statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date