

DENTAL HYGIENIST RENEWAL APPLICANT: PLEASE COMPLETE THE FOLLOWING FORM, AND RETURN THIS FORM ALONG WITH YOUR RENEWAL APPLICATION. PLEASE EMAIL IT TO dentistry@dch.ga.gov.

Name

License number

Submission of Census Data under O.C.G.A. §43-11-11
Enacted on July 1, 2013 by the General Assembly of Georgia

House Bill 132 (HB132) provides that “the Board [of Dentistry] shall gather census data on each dentist and dental hygienist in this state. Such census data shall be obtained from each dentist and dental hygienist as part of the license renewal process on a biennial basis. Renewal of a license shall be contingent on completion and provision of a census questionnaire shall authorize the board to refuse to grant a license renewal, revoke a license, or discipline a licensee under Code Section 43-11-47.”

Published under the authority of O.C.G.A. §43-11-11, the Board requires you to complete the following three (3) questions.

1. BASIC DEMOGRAPHIC INFORMATION

Please Check: Male: _____ Female: _____

Please Print: Age: _____

2. WORK SCHEDULE: Please indicate the numbers of hours you are involved in clinical practice in Georgia per week

- A. ___ 0-16 hrs/week
- B. ___ 16-32 hours/week
- C. ___ more than 32 hours/week
- D. ___ I do not currently practice in Georgia

3. GEOGRAPHIC INFORMATION: Please identify, by ZIP Code, offices in which you provide treatment services.

Zip Code: _____ Zip Code: _____ Zip Code: _____

Zip Code: _____ Zip Code: _____ Zip Code: _____

Please note that pursuant to HB 132, this information is available for dissemination to any member of the public upon request. Thank you for your compliance.