

**DENTAL LICENSE RENEWAL APPLICANT: PLEASE COMPLETE THE FOLLOWING FORM, AND SUBMIT IT TO COMPLETE YOUR RENEWAL PROCESS. PLEASE EMAIL IT TO [dentistry@dch.ga.gov](mailto: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 four (4) questions.

**1. BASIC DEMOGRAPHIC INFORMATION**

Please Check:            Male: \_\_\_\_\_            Female: \_\_\_\_\_

Please Print:            Age: \_\_\_\_\_

**2. SPECIALTIES**

Are you a General Dentist? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Please indicate area of Specialization:

Endodontics: \_\_\_\_\_

Oral and Maxillofacial Pathology: \_\_\_\_\_

Oral and Maxillofacial Radiology: \_\_\_\_\_

Oral and Maxillofacial Surgery: \_\_\_\_\_

Orthodontics: \_\_\_\_\_

Periodontics: \_\_\_\_\_

Pediatric Dentistry: \_\_\_\_\_

Prosthodontics: \_\_\_\_\_

**3. 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

**4. GEOGRAPHIC INFORMATION:** Please identify the name of the organization for which you practice, its physical address including zip code, and the name(s) of the practice owner(s), if applicable.

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Practice Owner(s): \_\_\_\_\_

License Number(s) of the Practice Owner(s): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Practice Owner(s): \_\_\_\_\_

License Number(s) of the Practice Owner(s): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Practice Owner(s): \_\_\_\_\_

License Number(s) of the Practice Owner(s): \_\_\_\_\_

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.