3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY DENTIST, RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, AND RESIDENT DENTAL HYGIENIST.

- Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of licensure as a limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist.
- Subp. 2. **Terms.** An initial license issued by the board is valid from the date issued until renewed or terminated in accordance with the procedures specified in this part. An annually renewed license is valid from July 1 until renewed no later than the following June 30 or terminated in accordance with the procedures specified in this part.
- Subp. 2a. **Annual license fees.** The annual renewal and late fee amounts are under Minnesota Statutes, section 150A.091, subdivisions 4 and 6.
- Subp. 3. **Annual license renewal.** A limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist must annually renew the license by paying the required fee no later than June 30 for the 12-month period for which licensure renewal is requested. The renewal requires maintaining a consecutive and current CPR certification.
 - Subp. 4. [Repealed, 46 SR 908]
 - Subp. 5. [Repealed, 46 SR 908]
 - Subp. 6. [Repealed, 46 SR 908]
- Subp. 7. **Failure to submit annual license renewal.** After a license for a limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist expires, the board shall send a notice to the licensee who has not renewed the licensee's license. The notice must state the amount of the renewal and late fees. The licensee must renew within 30 days of the expiration date of the license or the board shall administratively terminate the license and the right to practice. The board shall not consider an administrative termination of a license to be a disciplinary action against the licensee.

Statutory Authority: MS s 150A.04; 150A.06; 214.06 **History:** 20 SR 2623; 29 SR 306; 37 SR 1849; 46 SR 908

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