TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING CHAPTER 5 DENTISTRY (DENTISTS, DENTAL HYGIENISTS, ETC.)

PART 45 EXPANDED FUNCTION DENTAL AUXILILARY, CERTIFICATE REVOCATION FOR

**NON-RENEWAL** 

**16.5.45.1 ISSUING AGENCY:** New Mexico Board of Dental Health Care. [16.5.45.1 NMAC - N, 01/09/12]

**16.5.45.2 SCOPE:** The provisions of Part 45 of Chapter 5 apply to all expanded function dental auxiliary with expanded function certification who do not submit an application for certificate renewal within 60 days of the expiration date.

[16.5.45.2 NMAC - N, 01/09/12]

**16.5.45.3 STATUTORY AUTHORITY**: Part 45 of Chapter 5 is promulgated pursuant to the Dental Health Care Act, Section 61-5A-16 NMSA 1978 (1996 Repl. Pamp.). [16.5.45.3 NMAC - N, 01/09/12]

**16.5.45.4 DURATION:** Permanent.

[16.5.45.4 NMAC - N, 01/09/12]

**16.5.45.5 EFFECTIVE DATE:** January 9, 2012, unless a later date is cited at the end of a section. [16.5.45.5 NMAC - N, 01/09/12]

**16.5.45.6 OBJECTIVE:** To establish the procedures and policies for revocation of expired expanded function dental auxiliary certificates and the reinstatement of certificates revoked for non-renewal. [16.5.45.6 NMAC - N, 01/09/12]

**16.5.45.7 DEFINITIONS:** [RESERVED]

**16.5.45.8 REVOCATION OF CERTIFICATE FOR NON-RENEWAL:** Unless an application for certificate renewal is received by the board office, or post-marked, before September 1, the certificate shall be revoked for non-renewal.

[16.5.45.8 NMAC - N, 01/09/12]

- **16.5.45.9 REINSTATEMENT OF REVOKED CERTIFICATE:** Within one year of the revocation notice, the certificate may be reinstated by payment of renewal, late and reinstatement fees, compliance with continuing education for the previous renewal cycle and for the year of the revocation. Applicants for reinstatement after one year of revocation must re-apply as a new applicant and meet all requirements for initial certification.
- A. Applicants for reinstatement must provide verification of certification in all states where the applicant holds or has held a cerificate to practice expanded function dental auxiliary, or other health care profession within the previous year. Verification must be sent directly to the board office from the other state(s) board, must include a raised seal, and must attest to the status, issue date, expiration date, certificate number, and other information contained on the form.
- B. Upon receipt of a completed reinstatement of revoked certification application, including all documentation and fees, the secretary-treasurer or delegate of the board, will review and may approve the application. The board may formally accept the approval of the application at the next scheduled meeting.  $[16.5.45.9 \, \text{NMAC} N, \, 01/09/12]$

**HISTORY OF 16.5.45 NMAC: [RESERVED]** 

16.5.45 NMAC