



Arizona State Board of Dental Examiners

“Caring for the Public’s Dental
Health and Professional Standards”

1740 West Adams Street, Suite 2470

Phoenix, Arizona 85007

P: (602)242-1492

E: info@dentalboard.az.gov

W: <https://dentalboard.az.gov>

REQUEST FOR EXTENSION OF CONTINUING EDUCATION REQUIREMENTS

Pursuant to A.R.S. §§ 32-1236, 1276.02, 1287 and 1297.06, the Arizona State Board of Dental Examiners (“Board”) may grant an extension of time to complete your continuing education (“CE”) requirements if the respondent, includes a written request for an extension with their renewal application instead of completing the written affidavit. Your renewal application must still be received on or before the last day of your birth month of your expiration year. The Board, or its designated authority shall consider the CE extension request based on A.A.C. R4-11-1202. Considering each renewal cycle is 36 months, **no extension shall go beyond 95 days from the date of review** by the Board or its designated authority. To request an extension you must complete the following form in its entirety. If necessary, you shall make arrangements for your treating physician to submit a medical note.

LICENSEE/CERTIFICATE HOLDER’S IDENTIFICATION

Last Name

First Name

Middle Name or Initial

I am submitting an Arizona CE extension request as a:

ADDRESS OF RECORD

Pursuant to A.R.S. §§ 32-1236(I), 32-1276.02(E), 32-1287(E) & 1297.06(G) you must notify the Board of any change to your primary mailing address, in writing, and within 10 days of the change.

Name of Business Entity/Practice, if applicable

Street Address

Phone

City

State

Zip Code

Email

Fax

REASON FOR REQUEST

Pursuant to the above-referenced authority, my CE extension request is based on the following and includes *all* supporting documentation:

Military Service

Dental or Religious Missions

Residence in a Foreign Country

Other Extenuating Circumstances (Please explain. **If it’s a medical reason, you are required to provide a signed/dated medical note** from your treating physician with this request form.

CONTINUING EDUCATION HOURS

Please complete the following table specifying the number of hours you've already completed during the current and statutorily required renewal cycle. If you require more space than what's provided, please use the same naming conventions and provide the remaining courses on a separate sheet of paper.

Course Date	Course Title	Course Sponsor and Location	CE Hours Earned
TOTAL HOURS COMPLETED			
TOTAL HOURS NEEDED			

Please provide a proposed plan and timeframe to complete the remaining CE hours and, if you haven't already, *all* supporting documentation for your extension request.

If you have a physician's note or other supporting documents, please combine them into one document and use this link to the right to attach all additional documents.

PERSONAL ATTESTATION

I, _____, hereby affirm that the respective CE request form, completed above, and all supporting documentation contained herein or attached is true and accurate. I fully understand that I may be asked to provide supporting documentation for any CE that I have listed above as being complete and that any false statement may be grounds for discipline pursuant to A.R.S. § 32-1263.

 Signature

 Date

STAFF USE ONLY

<p>Grant the extension request until no later than _____, 20__.</p> <p>Deny the extension request. Notify the respondent of the denial and give the respondent 10 calendar days to submit their remaining and statutorily required CE hours.</p> <p>Request more information to complete review. Notify the respondent and allow 15 calendar days to submit the requested information.</p> <p>Submit to the Board for their review and consideration.</p>
