Dental Laboratory Registration Application

Department of Health
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: floridasdentistry.gov
Email: info@floridasdentistry.gov
Phone: (850) 245-4474
Fax: (850) 921-5389

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Do Not Write in this Space
For Revenue Receipting Only

Dental Laboratory Registration **$200.00** (non-refundable)

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. Application fees are non-refundable.

1. BUSINESS INFORMATION

Laboratory Name: ______________________________

Laboratory Address:

______________________ ________ ______________
Street Suite No. City

______________________ ________
State ZIP

Does the laboratory meet requirements for sanitation and safety outlined in Rule 64B27-1.001, Florida Administrative Code (F.A.C.)?
Yes No

Laboratory Owner Information

Owner Name: ______________________________ Date of Birth: ______________
MM/DD/YYYY

______________________ ______________________
Home/Cell Telephone (Input without dashes) Business Telephone (Input without dashes)

Has the owner ever registered a dental laboratory? Yes No

If "Yes," provide registration number: ______________________

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the Department of Health.

Yes No Email Address: ______________________________

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. SOCIAL SECURITY DISCLOSURE

This information is exempt from public records disclosure.

Pursuant to Title 42 United States Code § 666(a)(13), the Department of Health is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.) authorizes the collection of Social Security numbers as part of the general licensing provisions.

Owner Last Name: ____

Owner First Name: ____

Owner Middle Name: ____

Owner Social Security Number: _____________________________________
(Input without dashes)

Social Security Information- * Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

3. OWNERSHIP INFORMATION

A.

Type of Ownership:		
Sole Proprietorship	Corporation	Partnership

Corporations and limited partnerships must provide a copy of the Articles of Incorporation on file with the Florida Secretary of State's office.

B. Is the dental laboratory operating under a name other than the owner? Yes No

If "Yes," attach a copy of the "fictitious name" registration from the Secretary of State. The Secretary of State's office may be contacted at (850) 488-9000.

4. DISCIPLINE HISTORY

A. Has any owner, partner officer, director, stockholder or employee ever had a professional license or registration revoked, suspended, or disciplined? Yes No

B. Has any owner, partner, officer, director, stockholder or employee ever been a party to any civil, criminal or administrative proceeding involving any violation of chapter (ch.) 466, F.S., or any regulation governing the practice of the dental profession? Yes No

If you responded "Yes" to any of the questions in this section, complete the following:

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y N
				Y N
				Y N
				Y N

If you responded "Yes" to any of the questions in this section, you must provide the following:

A written self-explanation, describing in detail the circumstances surrounding the disciplinary action.

A copy of the **Administrative Complaint** and **Final Order**.

5. CRIMINAL HISTORY

Has any owner, partner, officer, director, stockholder, or employee ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question. Yes No

If you responded "Yes," complete the following:

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y N
				Y N
				Y N

If you responded "Yes" in this section, you must provide the following:

A written self-explanation, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.

Final Dispositions and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of Court.

Completion of Sentence Documents. You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

6. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

IMPORTANT NOTICE: Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under ch. 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? Yes No

   If you responded "No" to the question above, skip to question 2.

   a. If "Yes" to 1, for the felonies of the first or second degree (or the equivalent level of offense in another jurisdiction), has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation? Yes No

   b. If "Yes" to 1, for the felonies of the third degree (or equivalent level of felony in another state or jurisdiction), has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation? (This question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S., or a similar felony offense committed in another state or jurisdiction). Yes No

   c. If "Yes" to 1, for the felonies of the third degree (or the equivalent level of felony in another state or jurisdiction) under s. 893.13(6)(a), F.S., or a similar felony offense committed in another state or jurisdiction has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation? Yes No

   d. If "Yes" to 1, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "Yes" provide supporting documentation).
   Yes No

2. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? Yes No

   If you responded "No" to the question above, skip to question 3.

   a. If "Yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? Yes No

3. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.? Yes No

   If you responded "No" to the question above, skip to question 4.

   a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? Yes No

4. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Yes No

If you responded "No" to the question above, skip to question 5.

a. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with a state Medicaid program for the most recent five years? Yes No

b. Did termination occur at least 20 years before the date of this application? Yes No

5. Is the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities (LEIE)? Yes No

a. If "Yes" to 5, is the applicant, principal, officer, agent, managing employee, or affiliated person of the applicant listed because the individual defaulted or is delinquent on a student loan? Yes No

b. If "Yes" to 5.a., is the student loan default or delinquency the only reason the individual is listed on the LEIE? Yes No

If you responded "Yes" to any of the questions in this section, you must provide:

A written self-explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

Supporting documentation including court dispositions or agency orders where applicable.

All documentation should be mailed to the board office at:

Department of Health
4045 Bald Cypress Way, BIN C-04
Tallahassee, FL 32399

7. OWNER SIGNATURE/RELEASE

I, the undersigned, state that I am the person referred to in this application for licensure in the state of Florida.

I understand that Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the permit and to supplement the information on this application as needed. Failure to do so may result in action by the board including denial of permit.

I recognize that providing false information constitutes cause for denial, disciplinary action, suspension or revocation of the dental laboratory under ch. 466 and ch. 456, F.S., and Rule 64B27, F.A.C.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Owner Signature: ____ Date: ________________

You may print this application and sign it or sign digitally. MM/DD/YYYY