

RENEWAL INFORMATION AND INSTRUCTIONS FOR MISSISSIPPI DENTISTS

GENERAL INFORMATION

It is time to renew your Mississippi dental license, specialty license, and anesthesia permit, as appropriate. No paper renewals will be mailed or accepted. Your renewal information may be accessed via the Board's online portal, a link to which is located on the right-hand side of the Board's home page (<http://www.dentalboard.ms.gov>). Furthermore, you may access this document on the Board's web site by clicking "Online Renewals" on the left-hand side of the home page, scrolling down, and clicking "Dentists." These instructions will guide you step-by-step through the online renewal process. The Board's online portal is open from September 1 through February 28 (or 29 when it is a Leap Year).

Board Regulation 37 states that every licensed dentist must renew his/her dental license sixty (60) days prior to November of each biennial period. You have **SIXTY (60)** days from September 1 in which to renew; as such, your renewal must be finalized on or before **OCTOBER 31**. Otherwise, renewals finalized after that date will be assessed penalties. Beginning November 1, reminders will be e-mailed every thirty (30) days to advise you that your renewal is overdue. If your renewal is not finalized on or before **DECEMBER 31**, on **JANUARY 1** your license will be voided for a failure to register. Consequently, you no longer may practice dentistry in the State of Mississippi. However, you may request in writing that your license(s) be voided.

A currently valid e-mail address is required for online renewal, and methods of payment include VISA, MasterCard, American Express, debit cards, and electronic checks. Confirmation notices from the State's payment processor will be e-mailed within one (1) hour from the time you complete renewal to the e-mail address you provide during the payment portion of your renewal. The State of Mississippi assesses a small convenience fee to use its E-Commerce portal, and this fee will be added to the total amount due upon completion of your renewal. The Board **DOES NOT** receive any part of this convenience fee. Additionally, **FOURTEEN (14)** days following receipt by the Board of your renewal and verified payment, your certification card(s) will be e-mailed to the addresses(s) you provided to the Board.

If you utilize the services of one or more dental hygienists and/or radiology permit holders, regardless of the person signing their payroll checks, you must provide the full names and license/permit numbers of these dental hygienists and radiology permit holders. Also, if you currently are not working in the dental profession, you should provide the full street and mailing addresses, as well as the telephone and fax numbers, for all individuals for whom you work, regardless of the person signing your payroll checks.

Carefully review all instructions and your personal/practice information as you go step-by-step through your online renewal to ensure your licensure information is current and accurate. Once you begin the on-line renewal process, you **MUST** complete your on-line renewal and payment at that time. You will **NOT** be able to complete part of your renewal and return at a later date/time to finalize your renewal.

BEFORE ANESTHESIA PERMIT RENEWALS CAN BE FINALIZED, DENTISTS RENEWING ANESTHESIA PERMITS MUST E-MAIL, FAX, OR MAIL TO THE BOARD'S OFFICE COPIES OF THEIR CURRENT ACLS CARD AND THE CPR CARDS FOR ALL DENTAL AUXILIARIES WHO HAVE DIRECT PATIENT CARE RESPONSIBILITIES.

RENEWAL INSTRUCTIONS

STEP 1

Mississippi State Board of Dental Examiners

Renew Dentist License

All Certificates of License expire on October 31 of each odd year. You can renew your license online beginning September 1 of the year your license expires.

Failure to renew your license by the expiration date will result in a renewal fee penalty in addition to possible disciplinary action by the Board. The penalty is \$50 for each month the license remains expired. If you do not renew your license by December 31 of the renewal year, you will have to reinstate your expired license.

In order to renew your license, please fill out the required information and complete all questions in the online forms provided. After payment with a valid credit/debit card or electronic check, all renewals will be forwarded to the Board of Dental Examiners as they are received.

To begin your dentist license renewal, please enter the following information and select Enter.

* Indicates required fields.

Search Criteria

License Number: *

Unique Id: *

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- Enter your Mississippi dental or provisional license number (not your specialty license or anesthesia permit number).
- General dental licenses are 4 digits, followed by a dash, and then followed by 2 digits (e.g., 1111-80).
- Provisional dental licenses have PRV, PRV-TP, or PRV-FP at the beginning of the license number, followed by a dash, followed by 3 digits and another dash, and then followed by 2 digits (e.g., PRV-TP-111-80).
- Your “Unique Id” is a 10-digit number consisting of the last 4 digits of your Social Security number, followed by your 2 digit birth month, followed by your 2 digit birth date, and followed by your 2 digit birth year (e.g., 5555031148).
- Once you have reviewed this screen and entered the correct information, press “Enter.”

STEP 2

- No changes can be made to your license number, degree, original license issue name, maiden name, or date of birth.
- No changes can be made to your status, as the Board office makes changes based on your final renewal and any changed information provided by you.
- If your first, middle, or last names should be changed, enter all changed information.
- Enter a DEA number if you have one and the field is blank. If the DEA number is incorrect, or you no longer have a DEA number, provide the correct DEA number or delete the number, as appropriate.
- Once you have reviewed this screen and entered the correct information, press “Continue.”

Mississippi State Board of Dental Examiners

Renew Dentist License

Please take a moment to verify the information below and make any necessary corrections. Select “Continue” at the bottom of the screen to proceed. Changed information will be recorded once you complete your payment.

* Indicates required fields.

Personal Information

License Number: 1111-80

First Name: *

Middle Name:

Last Name: *

Degree: DDS

Original License Name: JOHN C. DOE

Maiden Name:

Date of Birth: 01/01/1950

Status: ACTIVE

DEA Number:

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Mississippi State Board of Dental Examiners



Renew Dentist License

Please take a moment to verify the information below and make any necessary corrections. Select "Continue" at the bottom of the screen to proceed. Changed information will be recorded once you complete your payment.

For international addresses, enter all of the information in the Address and City fields. Select "Out of Country" in the State dropdown and leave the Zip Code field empty.

* Indicates required fields. Primary Office information is not required on Inactive renewals.

Primary Office Street Address

Address 1:* 333 FIRST STREET
 Address 2:
 City:* RIDGELAND
 State:* MISSISSIPPI
 Zip Code:* 39157
 Office Phone:* 601-444-4567
ex: 601-555-1234 or 011 5255551234
 Office Fax: 601-898-5555
ex: 601-555-1234 or 011 5255551234
 Office E-mail: dental@dentalboard.ms.gov
Either an office e-mail or home e-mail address is required.

Facility Questions

*Are you currently enrolled in an ADA-accredited dental residency program?
 Yes No
 *Are you currently serving on active duty with the United States military?
 Yes No
 *Are you currently practicing dentistry at a Veterans Administration Medical Center (VAMC)?
 Yes No
 *Are you currently practicing dentistry at a 100% federally funded facility?
 Yes No

Same as Office

Primary Mailing Address

Address 1:* 333 FIRST STREET
 Address 2:
 City:* RIDGELAND
 State:* MISSISSIPPI
 Zip Code:* 39157

Same as Above

Home Street Address

Address 1:* 100 MAIN STREET
 Address 2:
 City:* JACKSON
 State:* MISSISSIPPI
 Zip Code:* 39201
 Home Phone:* 601-123-4567
ex: 601-555-1234 or 011 5255551234
 Home Fax:
ex: 601-555-1234 or 011 5255551234
 Home E-mail: dental@dentalboard.ms.gov
Either an office e-mail or home e-mail address is required.

Back Continue

STEP 3

- Review and make the necessary changes to your "Primary Office Street Address" information. This address cannot be a post office box; the address must be the physical location of your primary office.
- Review each of the "Facility Questions" and press "Yes" for the one applicable to your situation. You can press "yes" for only one (1) question.
- Review and make the necessary changes to your "Primary Mailing Address" information. If this address is the same as your "Primary Office Street Address," press "Same as Office." This address can be a post office box.
- Review and make the necessary changes to your "Home Street Address" information. This address cannot be a post office box; the address must be the physical location of your residence. Your "Home Street Address" and "Primary Office Street Address" should not be the same address.
- If your "Home Street Address" is the same as your "Primary Mailing Address," press "Same as Above."
- Ensure you provide a minimum of one (1) e-mail address, inasmuch as your renewal will be rejected by the Board if you do not provide at least one (1) e-mail address.
- For renewal purposes, the Board can accommodate two (2) e-mail addresses (home and primary office) for dentists in its database.
- Double-check all e-mail address entries for accuracy.
- If the Board's current information does not indicate one (1) or more satellite offices, when you press "Continue" you will be directed to the screen in Step 4. If you have one or more satellite offices, answer "Yes" and press "Continue," whereupon you will be directed to the screen in Step 6.
- If the Board's current information already reflects one (1) or more satellite offices for you, when you press "Continue" you will be directed to the screen in Step 5.
- In Step 6, you will be asked to provide satellite office(s) information, and you will be able to provide an e-mail address for each satellite office.
- Once you have reviewed this screen and entered the correct information, press "Continue."

STEP 4

- As noted in Step 3, if the Board's current information for you does not reflect one (1) or more satellite offices, you will be directed to the "Primary Office Question" screen.
- If, however, the Board's current information for you already reflects one (1) or more satellite offices, you will be directed to the "Satellite Office Street Address(es)" screen in Step 5.
- If you do NOT have practice locations other than your primary office noted in Step 3, press "No," and you will be directed to the "Dental Auxiliaries Utilized" screen in Step 7.
- If you have practice locations other than your primary office noted in Step 3, press "Yes," and you will be directed to the "Satellite Street Address" and "Satellite Mailing Address" screen in Step 6.
- Once you have answered "Yes" or "No," press "Continue."

The screenshot shows the 'Mississippi State Board of Dental Examiners' website. The page title is 'Renew Dentist License'. Below the title is a 'Secure' logo. The main content area is titled 'Primary Office Question' and contains the question: 'Do you currently practice dentistry in a facility in addition to your primary facility listed on the previous screen?'. There are two radio buttons: 'Yes' and 'No'. At the bottom of the question area are two buttons: 'Back' and 'Continue'. The footer contains the copyright notice 'Copyright 2006 Mississippi State Board of Dental Examiners. All rights reserved. Privacy Policy' and the 'MISSISSIPPI.gov' logo.


STEP 5

The screenshot shows the 'Mississippi State Board of Dental Examiners' website. The page title is 'Renew Dentist License'. Below the title is a 'Secure' logo. The main content area is titled 'Satellite Office Street Address(es)'. It contains a table with one row of information: 'JOHN C DOE DDS', '222 MAIN STREET', 'SUITE 123', 'JACKSON, MS 39201'. There are two buttons: 'Edit' and 'Delete' next to the first row. At the bottom of the table area are three buttons: 'Back', 'Add Office', and 'Continue'. The footer contains the copyright notice 'Copyright 2006 Mississippi State Board of Dental Examiners. All rights reserved. Privacy Policy' and the 'MISSISSIPPI.gov' logo.


- If you were directed to this screen following Step 3, review and make the necessary changes to your "Satellite Office Street Address(es)" information. This address cannot be a post office box; the address must be the physical location of your satellite office(s).
- Delete offices that no longer are applicable.
- Press "Edit" to review additional information for a satellite office if one is listed. Make the necessary changes on that screen, and press "Review Offices" to return to the main "Satellite Office Street Address(es)" screen.
- If no satellite office is listed, and you have one (1) or more satellite offices, press "Add Office," provide the correct information, and press "Review Offices" to return to the main "Satellite Office Street Address(es)" screen.
- Once you have reviewed your satellite office(s) information and entered the correct information, press "Continue."


STEP 6

- If you are adding or editing satellite office(s) information, enter or make the necessary changes to your “Satellite Office Street Address(es)” information. This address cannot be a post office box; the address must be the physical location of your satellite office.
- If your satellite office has an e-mail different from either your home or primary office e-mails, enter an e-mail address for each satellite office.
- If your “Satellite Mailing Address” is the same as your “Satellite Street Address,” press “Same as Office.”
- Once you have reviewed this screen and entered the correct information, press “Review Offices” to return to the “Satellite Office Street Address(es)” screen discussed in Step 5.



Mississippi State Board of Dental Examiners



Renew Dentist License 

Complete the following information about a specific satellite office and click "Add Office". When you are done entering the offices, click "Review Offices" to verify the information you entered.

If you need to make a change or delete an office you have entered, choose the edit or delete options from the Review Satellite Offices screen by clicking "Review Offices".

For International addresses, enter all of the information in the Address and City fields. Select "Out of Country" in the State dropdown and leave the Zip Code field empty.

* Indicates required fields.

Satellite Street Address

Office Name: JOHN C DOE DDS

Address 1:

Address 2:

City:

State:

Zip Code:

Satellite Phone:
ex: 801-555-1234 or 011 525551234

Satellite Fax:
ex: 801-555-1234 or 011 525551234

E-mail:

Satellite Mailing Address

Address 1:


Address 2:

City:

State:

Zip Code:

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STEP 7

- Review and make the necessary changes to your “Dental Auxiliaries Utilized” information.
- Delete dental auxiliaries whose services you no longer utilize.
- To add dental auxiliaries, regardless of the person signing their payroll checks, press “Add Auxiliary” and proceed to Step 8.
- Once you have reviewed this screen and entered the correct information, press “Continue.”



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Renew Dentist License 

Please take a moment to verify the information below and make any necessary corrections. Select "Continue" at the bottom of the screen to proceed. Changed information will be recorded once you complete your payment.

* Indicates required fields.

Dental Auxiliaries Utilized

	Employee Name	License Type	License No
[Delete]	AMY DOE JONES RDH	HYGIENIST	9876-07DH
[Delete]	JANE DOE RPH	RADIOLOGY PERMIT	5678-09
[Delete]	KIMBERLY LINDA SMITH RPH	RADIOLOGY PERMIT	1234-09

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STEP 8

- If you pressed “Add Auxiliary” in Step 7, you will be directed to the “Dental Auxiliary Search” screen.
- To add a dental hygienist, enter the license number (e.g., 1111-11DH), press “Dental Hygienist,” and then press “Continue.”
- To add a radiology permit holder, enter the radiology permit number (e.g., 1111-11), press “Radiology Permit Holder,” and then press “Continue.”
- Ensure you enter the correct dental hygiene license or radiology permit number, and remember “DH” must be entered as part of a dental hygiene license number.
- Once you enter a dental hygiene license or radiology permit number, the system automatically searches for that number in its database of currently licensed dental auxiliaries.
- If the system cannot locate the number you entered, you will be taken to the “Adding Dental Auxiliaries” screen in Step 9.
- If the system locates the number you entered, you will be returned to the “Dental Auxiliaries Utilized” screen in Step 7.
- Once you have entered/deleted all dental auxiliaries utilized by you, regardless of the person signing their payroll checks, and have been returned to the “Dental Auxiliaries Utilized” screen in Step 7, press “Continue.”

The screenshot shows the 'Dental Auxiliary Search' screen. At the top, it says 'Mississippi State Board of Dental Examiners' with two circular logos. Below that is a 'Secure' logo. The main heading is 'Renew Dentist License'. A prompt asks the user to 'Please enter the license number for the Dental Auxiliary that you would like to add.' A note indicates that an asterisk (*) denotes required fields. The search form has a title bar 'Dental Auxiliary Search' and a field for 'Dental Auxiliary License Number: *'. Below the field are two radio buttons: 'Radiology Permit Holder' and 'Dental Hygienist'. At the bottom of the form are 'Back' and 'Continue' buttons. The footer contains the copyright notice 'Copyright 2006 Mississippi State Board of Dental Examiners. All rights reserved. [Privacy Policy](#)' and the 'MISSISSIPPI.gov' logo.

STEP 9

- If you entered a dental hygiene license or radiology permit number in Step 8 that the system could not locate in its database of currently licensed dental auxiliaries, you will be directed to the “Adding Dental Auxiliaries” screen.
- If you press “Add Auxiliary,” you will be directed to the “Dental Auxiliary Information” screen in Step 10.
- If you press “Auxiliary List,” you will be returned to the “Dental Auxiliaries Utilized” screen in Step 7. At that time, if all dental auxiliaries have been entered or deleted correctly, press “Continue.”
- If you press “Search,” you will be returned to the “Dental Auxiliary Search” screen in Step 8. At that time, you should enter the correct dental hygiene license or radiology permit number and follow the remaining instructions in Step 8 to return to the “Dental Auxiliaries Utilized” Screen in Step 7.

The screenshot shows the 'Adding Dental Auxiliaries' screen. At the top, it says 'Mississippi State Board of Dental Examiners' with two circular logos. Below that is a 'Secure' logo. The main heading is 'Renew Dentist License'. The title bar of the main content area is 'Adding Dental Auxiliaries'. The text reads: 'There were no results found for: License Number: 1111-11 RPH'. Below this are three buttons with instructions: 'Add Auxiliary' (If you would like to manually enter a Dental Auxiliary, please select the "Add Auxiliary" button.), 'Auxiliary List' (If you would like to return to the Dental Auxiliary List, please select the "Auxiliary List" button.), and 'Search' (If you would like to search for another Dental Auxiliary, please select the "Search" button.). The footer contains the copyright notice 'Copyright 2006 Mississippi State Board of Dental Examiners. All rights reserved. [Privacy Policy](#)' and the 'MISSISSIPPI.gov' logo.

STEP 10

- If you pressed “Add Auxiliary” in Step 9, you will be directed to the “Dental Auxiliary Information” screen.
- At this time, manually enter the first, middle, and last name of either the dental hygienist or radiology permit holder whose license or permit number could not be located based upon the number you entered in Step 8.
- Once you have entered the above information, press “Continue,” at which time you will be returned to the “Dental Auxiliaries Utilized” screen in Step 7.
- Once you have been returned to the “Dental Auxiliaries Utilized” screen in Step 7, and if all dental auxiliaries have been entered or deleted correctly, press “Continue.”
- If you need to enter additional dental auxiliaries, press “Add Auxiliary” on the “Dental Auxiliaries Utilized” screen in Step 7 and follow the instructions in Steps 8 or 9, as appropriate.

The screenshot displays the 'Mississippi State Board of Dental Examiners' website. At the top, there are two circular logos on either side of the title. Below the title is a 'Secure' logo. The main heading is 'Renew Dentist License'. A sub-heading reads 'Please enter the information for the Dental Auxiliary that you would like to add.' A note states '* Indicates required fields.' The form itself is titled 'Dental Auxiliary Information' and contains the following fields: 'License Number: 1111-11 RPH', 'Type: Radiology Permit Holder', 'First Name: *' (with an empty input box), 'Middle Name: *' (with an empty input box), and 'Last Name: *' (with an empty input box). At the bottom of the form are two buttons: 'Back' and 'Continue'. Below the form, there is a copyright notice: 'Copyright 2006 Mississippi State Board of Dental Examiners All rights reserved. [Privacy Policy](#)' and the 'MISSISSIPPI.gov' logo.



Mississippi State Board of Dental Examiners



Renew Dentist License

Please complete all * required fields listed below, providing comments below if needed. Select **Continue** once you have reviewed this page.

Dentist Certification

I, the undersigned, hereby certify, swear, and affirm that I have complied with all continuing dental education requirements, as outlined in Board Regulation 41, and that I am current in Cardiopulmonary Resuscitation, as outlined in Board Regulation 45. Furthermore, should I be registered as "retired" or as "inactive" with this Board, I understand that I do not have to comply with Board Regulations 41 and 45 until such time as I request a change from "retired" and/or "inactive" to active status. At that time, I certify that, within the twelve-month period prior to requesting active status, I will complete all continuing dental education, Cardiopulmonary Resuscitation, and active status requirements mandated by this Board.

Should I be actively practicing my profession within the State of Mississippi, I, the undersigned, hereby certify, swear, and affirm that I have done so for a minimum of three (3) months during the preceding license renewal period. Should I ONLY be actively practicing my profession outside the State of Mississippi, I understand that, unless I am currently serving in an active duty capacity with the military or practicing at a veterans' hospital, federal government facility, or residency graduate school program, I will be listed as "inactive" with this Board until such time as I request a change to active status and meet all requirements therefor.

I, the undersigned, hereby certify, swear, and affirm that, should I be actively practicing in the State of Mississippi, I have verified that the Mississippi license of any dental hygienist currently in my employ is currently valid with this Board. I further hereby certify, swear, and affirm that any Mississippi dental assistant currently in my employ who administers radiographs in this State has obtained a radiology permit from this Board and that such radiology permit is currently valid.

I, the undersigned, hereby certify, swear, and affirm that, should I be actively practicing my profession in the State of Mississippi, or in any other state, I have read and understand all recommendations for preventing the transmission of HIV/ HBV supplied by the Federal Centers for Disease Control. Furthermore, any clinical facility wherein I practice or am employed is in compliance with these recommendations.

I, the undersigned, hereby certify, swear, and affirm that I have not been convicted of or entered a guilty plea to any misdemeanor or felony since my last Mississippi dental license renewal.

I, the undersigned, hereby certify, swear, and affirm that the above and foregoing license renewal information and affirmations are true and correct to the best of my knowledge, information, and belief, and that to supply false or misleading information to this Board may be cause for formal disciplinary action. Additionally, I understand that the Board will post on its Internet web site all information it deems necessary to enable the public to verify my licensure status.

LICENSEE MUST PROVIDE THE NUMBER OF MONTHS PRACTICED IN MISSISSIPPI IN THE SPACE PROVIDED BELOW.

LICENSEE MUST VERIFY THE NAMES AND LICENSE NUMBERS OF ALL DENTAL AUXILIARIES LISTED ON THE SCREENS AND PROVIDE NAMES AND LICENSE NUMBERS OF ADDITIONAL DENTAL HYGIENISTS AND DENTAL ASSISTANTS UTILIZED BY LICENSEE, REGARDLESS OF WHO SIGNS PAYROLL CHECKS FOR THE DENTAL AUXILIARIES.

ALL LOCATIONS WHERE LICENSEE PRACTICES MUST BE PROVIDED. IF NO SATELLITE OFFICES OR IF INCORRECT SATELLITE OFFICES ARE LISTED IN THE PREVIOUS SCREENS, LICENSEE MUST PROVIDE THE APPROPRIATE INFORMATION FOR ALL OFFICES WHEREIN LICENSEE PRACTICES.

LICENSEES WHO CURRENTLY HOLD GENERAL ANESTHESIA, PARENTERAL CONSCIOUS SEDATION, OR ENTERAL CONSCIOUS SEDATION PERMITS MUST ATTACH PROOF OF BEING CURRENT IN ACLS AND COPIES OF CURRENT CPR CARDS FOR ALL DENTAL AUXILIARIES WHO HAVE DIRECT PATIENT CARE RESPONSIBILITIES.

Months Practiced

* Number of months licensee practiced in Mississippi from 11/01/2009 through 10/31/2010.

* Number of months licensee practiced in Mississippi from 11/01/2010 through 10/31/2011.

Comments:

STEP 11

- Carefully read all affirmations and information in the "Dentist Certification" box.
- If you agree with all affirmations in the "Dentist Certification" box, on the pull-down menus in the "Months Practiced" box select the number of months you have practiced in the State of Mississippi.
- You must select the appropriate number of months practiced in the State of Mississippi (e.g., 0 to 12) on each pull-down menu.
- If supplemental information is required concerning affirmations in the "Dentist Certification" box or changes provided in the previous renewal screens, enter that supplemental information in the "Comments" box.
- Once you have reviewed this screen and entered the required information, press "Continue."

STEP 12

- Review the information noted in the “Dental License(s) valid for renewal” box.
- You are NOT allowed to de-select your Mississippi dental license as a renewable item; however, if you do NOT plan to renew an anesthesia permit and/or specialty license, you may de-select one or both of these items for renewal purposes by pressing the checkmark in the box next to the item you do NOT plan to renew.
- Once you have verified the information on this screen and de-selected any item you do NOT plan to renew, press “Continue.”

Mississippi State Board of Dental Examiners

Secure

Renew Dentist License

Please take a moment to verify the information below and make any necessary corrections. Listed below are the licenses that you are eligible to renew. Select "Continue" at the bottom of the screen to proceed. Changed information will be recorded once you complete your payment.

Dental License(s) valid for renewal		
License Type	Issue Date	License No
<input checked="" type="checkbox"/> DENTAL	11/09/1999	1111-80
<input checked="" type="checkbox"/> ENTERAL CONSCIOUS SEDATION	12/01/2008	9999
<input checked="" type="checkbox"/> SPECIALTY	12/16/1999	PEDO-999-99

[Back](#) [Continue](#)

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STEP 13

- Review all information provided on the “Dentist Summary” screen.
- This is your FINAL opportunity to review all renewal information, including those revisions, additions, or deletions you provided in each of the previous renewal screens.
- To change previously-entered renewal information, press the “Edit This Section” link next to the information to be reviewed and/or edited.
- Once you have reviewed and/or edited any information, follow the prompts to return you to the “Dentist Summary” screen.
- Once you are certain your renewal information is correct, answer each statement in the “Certification Agreement” section by clicking the box next to each statement.
- Press “Continue” to begin the payment process.
- Please be aware you CANNOT return to any renewal screens to edit your renewal information once you press “Continue.”

Mississippi State Board of Dental Examiners

Secure

Renew Dentist License

Please take a moment to verify the information below. If any changes are needed, select the "Edit" link. Select "Continue" at the bottom of the screen to proceed.

Dentist Summary

PERSONAL INFORMATION [\[Edit This Section\]](#)
 License Number: 1111-80
 Name: JOHN C DOE DDS
 Original License Name: JOHN C. DOE
 Maiden Name:
 Date of Birth: 01/01/1950
 Status: ACTIVE
 DEA Number: AP1234567

PRIMARY OFFICE, MAIL, AND HOME INFORMATION [\[Edit this Section\]](#)
 Office Address: 333 FIRST STREET Office Phone: 601-444-4567
 RIDGELAND, MS 39157 Office Fax: 601-898-5555
 Office E-mail: dental@dentalboard.ms.gov
 Mailing Address: 333 FIRST STREET
 RIDGELAND, MS 39157
 Home Address: 100 MAIN STREET Home Phone: 601-123-4567
 JACKSON, MS 39201 Home Fax:
 Home E-mail: dental@dentalboard.ms.gov
 Facility Question: N/A

SATELLITE OFFICES [\[Edit This Section\]](#)
JOHN C DOE DDS
 Office Address: 222 MAIN STREET Office Phone: 601-123-4567
 SUITE 123 Office Fax: 601-898-8520
 JACKSON, MS 39201
 Office E-mail: dental@dentalboard.ms.gov
 Mailing Address: 222 MAIN STREET
 SUITE 123
 JACKSON, MS 39201

DENTAL AUXILIARIES [\[Edit This Section\]](#)
 AMY DOE JONES RDH HYGIENIST 9876-07DH
 JANE DOE RPH RADIOLOGY PERMIT 5678-09
 KIMBERLY LINDA SMITH RPH RADIOLOGY PERMIT 1234-09

DENTAL LICENSES SELECTED FOR RENEWAL [\[Edit This Section\]](#)
 ENTERAL CONSCIOUS SEDATION 12/01/2008 9999
 DENTAL 11/09/1999 1111-80
 SPECIALTY 12/16/1999 PEDO-999-99

CERTIFICATION INFORMATION [\[Edit This Section\]](#)
 3 months Number of months licensee practiced in Mississippi from 11/01/2009 through 10/31/2010.
 3 months Number of months licensee practiced in Mississippi from 11/01/2010 through 10/31/2011.
 Comments:

Certification Agreement

I certify that I have read the information provided, and I am qualified to practice dentistry in the State of Mississippi. The information I provided is true and accurate to the best of my knowledge.

I certify that I am the applicant.

[Back](#) [Continue](#)

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STEP 14

- Carefully read the information on the “Going to Payment – License Renewal” screen.
- If you are ready to continue with the payment portion of your on-line renewal, press “Continue with Payment.”
- If you press “Cancel,” you will be returned to the “Renew Dentist License -- Search Criteria” screen in Step 1, at which time you will be required to re-initiate your renewal process.
- Re-initiating your renewal process requires you to re-enter all changed renewal information.

Mississippi State Board of Dental Examiners

Payment Process

Secure 300

Going to Payment - License Renewal

A renewal fee is required as part of the renewal process. To make payment and complete your application, you will be redirected to the payment system where you will be guided through the payment process. You will then be returned here to receive your payment confirmation and any additional requirements that may apply.

By using this payment system, you attest that you are the account holder or have the written authority to use said account for the purpose of completing the financial obligations and that sufficient funds are available.

Cancel Continue with Payment

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STEP 15

- You now are beginning the payment portion of your on-line renewal. It is advisable to have your credit/debit card or your checking account information in front of you before you begin this process.
- The “Transaction Summary” box provides the total renewal fees due to the Board. The “Transaction Detail” box breaks down the first fee into the appropriate renewal categories.
- Once you have reviewed your transaction information, under “Payment Method” select the method of payment in the pull-down menu for your renewal, e.g., credit or debit card (see Step 16) or electronic check (see Step 17).
- Press “Continue” to enter your payment information. If you press “Cancel Payment,” you will be returned to the “Going to Payment – License Renewal” screen in Step 14.

MISSISSIPPI'S OFFICIAL STATE WEBSITE

ms.gov

Payment Process

Select Payment Method and Continue to proceed with payment. You will receive a printable receipt at the end of your successful payment transaction.

Transaction Summary

Description	Amount
Board of Dental Examiners License Renewal	\$1,000.00
TOTAL	\$1,000.00

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
000000001	DENTAL LICENSE RENEWAL	\$400.00	1	\$400.00
000000047	MS PROFESSIONALS HEALTH PROGRAM	\$50.00	1	\$50.00
000000049	INTERNAL CONSIDIOUS PERMIT RENEWAL	\$300.00	1	\$300.00
000000011	SPECIALTY LICENSE RENEWAL	\$250.00	1	\$250.00

Payment Method

Complete all required fields [1]

Pay by

Continue Cancel Payment

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tpe The Transaction Processing Engine

Payment Process

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

Transaction Summary

Description	Amount
Board of Dental Examiners License Renewal	\$1,000.00
Online Processing Fee	\$23.00
TOTAL	\$1,023.00

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
000000001	DENTAL LICENSE RENEWAL	\$400.00	1	\$400.00
000000047	MS PROFESSIONALS HEALTH PROGRAM	\$50.00	1	\$50.00
000000049	INTERNAL CONSCIOUS PERMIT RENEWAL	\$300.00	1	\$300.00
000000011	SPECIALTY LICENSE RENEWAL	\$250.00	1	\$250.00

Customer Billing Information

Complete all required fields ()

Customer Name

Company Name

Billing Address

Billing Address 2

Billing City

State

ZIP/Postal Code

Country

Phone Number

Fax Number

Email Address

Credit Card Information

Complete all required fields ()

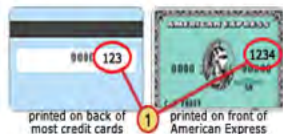
Credit Card Type

Credit Card Number

Expiration Date

Name on Credit Card

Verification Code



Continue

Cancel Payment

STEP 16

- Review the information provided in the “Transaction Summary” box. Note that an “Online Processing Fee” has been added to the total amount due.
- The “Online Processing Fee” is a convenience fee assessed by the State of Mississippi, NOT THE BOARD.
- The Mississippi State Board of Dental Examiners does NOT receive any portion of the “Online Processing Fee.” This fee is divided among the State of Mississippi (again, NOT the Board), the State’s payment processor, and your credit/debit card company.
- The “Online Processing Fee” is a sliding scale fee based upon the total amount being renewed, and the processing fee for paying by electronic check (see step 17) is the lowest fee.
- For example, the “Online Processing Fee” for a dentist who is renewing only a general dental license would be less than the same fee for a dentist who is renewing an anesthesia permit and/or a specialty license in addition to his/her general dental license.
- Under “Customer Billing Information” enter all necessary information to use in billing your credit/debit card or your checking account.
- The e-mail address you enter in this section may be different from the e-mail address(es) you previously entered in your renewal information. Double-check the e-mail address you enter in this section to ensure you receive your payment confirmation e-mail which is transmitted to you within one (1) hour from the time you finalize your renewal.
- Under “Credit Card Information,” select the type of credit/debit card (VISA, MasterCard, or American Express) and enter the remaining credit/debit card information. Ensure you have entered the correct information, as incorrectly entered information will cause your renewal and payment to be incomplete.
- Refer to Step 17 for instructions when electronic check is selected as the method of payment in Step 15.
- Once you have verified all information on this screen, press “Continue” for the “Confirmation of Payment” screen shown in Step 19.

STEP 17

- If you selected electronic check as your method of payment in Step 15, you will see “Electronic Check Information” in lieu of “Credit Card Information” as noted in Step 16.
- Select the type of account, e.g., checking or savings, and enter your bank’s routing number, along with your checking account number. Re-enter your checking account number to ensure it is correct.
- Enter the bank’s name, the name on your bank account, and your driver’s license number, along with the State wherein your driver’s license has been issued.
- If your payment is being funded specifically by a foreign source, select the box to note such funding.
- Once you have verified all information on this screen, press “Continue” for the “Confirmation of Payment” screen shown in Step 19.

Electronic Check Information Complete all required fields

Account Type:

Routing Number:

Account Number:

Re-enter Account Number:

Bank Name:

Name on Account:

Driver License Number:



Driver License State:

Default Payment Date: 08/29/2011

Select if this payment is being funded specifically by a foreign source (bank or company), an International ACH Transaction (“IAT”).
As defined by NACHA, IAT means a credit or debit entry that is part of a payment transaction involving a financial agency’s office that is not located in the territorial jurisdiction of the United States. For purposes of this definition a financial agency means an entity that is authorized by applicable law to accept deposits or is in the business of issuing money orders or transferring funds. An office of a financial agency is involved in the payment transaction if it:

1. Holds an account that is credited or debited as part of the payment transaction;
2. Receives payment directly from a Person or makes payment directly to a Person as part of the payment transaction; or
3. Serves as an intermediary in the settlement of any part of the payment transaction.

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Mississippi State Board of Dental Examiners

Payment Error

Secure

Payment Not Authorized

Your payment was not successful.

Please verify your payment method and attempt your renewal again.
Or, contact the MS State Board of Dental Examiners at (601) 944-9622.

[Main Page](#)

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STEP 18

- If you press “Cancel Payment” at any time during the payment portion of your renewal, you will be directed to the “Payment Not Authorized” screen.
- If this occurs, press “Main Page” and re-initiate your on-line renewal process. You will be required to re-enter all changes to your renewal information and, once again, begin the payment process.
- If you pressed “Continue” following entry of your credit/debit card or bank account information, you will be directed to the “Confirmation of Payment” screen shown in Step 19.

STEP 19

- Once you have finalized both your renewal information and payment, you will be directed to the "Confirmation of Payment" screen. Unless you also renewed an anesthesia permit, your renewal is considered COMPLETE.
- You should print a copy of this screen for your records as proof that you have finalized your Mississippi license/permit renewal with the Board.
- Anesthesia permit holders should pay particular attention to the information in the "Next Steps" box. The Board must be in receipt of this supplemental documentation before renewal of your anesthesia permit is finalized. Your certification card evidencing renewal of your anesthesia permit will NOT be e-mailed to you until such time as the Board is in receipt of all required supplemental documentation.
- Press "Main Page" to return to the on-line portal's main renewal page.

Mississippi State Board of Dental Examiners

Payment Process

Secure site

Confirmation of Payment

License Name: JOHN DOE
License Number: 1111-80
New Expiration Date: 10/31/2013
Payment Date: 08/26/2011
Amount Paid: \$1023.00
Payment Status: Payment Complete
Confirmation Number: 1691986

Please print this page for your records. You will receive an e-mail confirmation containing this payment information within an hour.

Next Steps

Any Anesthesia Permit Holder must submit proof to the Board of current ACLS and copies of current CPR cards for all Dental Auxiliaries who have direct patient care responsibilities. Proof may be submitted via email, fax, or mail.

MS State Board of Dental Examiners Telephone: (601) 944-9622
Suite 100, 600 East Amite Street Facsimile: (601) 944-9624
Jackson, MS 39201-2801 E-Mail: dental@dentalboard.ms.gov

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STEP 20

- Within one (1) hour of finalizing your renewal, you will receive an e-mail similar to the following which will be transmitted to the e-mail address you entered during the payment portion of your on-line renewal.
- If you do not receive a confirmation of payment e-mail, you should contact the Board's office, inasmuch as you may have entered an incorrect e-mail address at the time you were entering your payment information.
- As with the "Confirmation of Payment" screen shown in Step 19, you should keep a copy of the payment confirmation e-mail as proof that you have finalized your Mississippi license/permit renewal.

Thank you for using the Board of Dental Examiner's on-line system to renew your license. Your transaction confirmation information is as follows:

Payer Name: JOHN DOE
Payment Date: 08/26/2011
New Expiration Date: 10/31/2013
Amount Paid: 1023.00
Payment Status: Authorization Approved
Confirmation Number: 1691986

NEXT STEPS
Any Anesthesia Permit Holder must submit proof to the Board of current ACLS and copies of current CPR cards for all Dental Auxiliaries who have direct patient care responsibilities. Proof may be submitted via email, fax, or mail.

If your payment is refused due to an account problem (i.e. incorrect account information, insufficient funds, etc.), we will notify you by e-mail at the address you have specified.

If you have questions pertaining to your payment, please using the information below.

MS State Board of Dental Examiners
Suite 100, 600 East Amite Street
Jackson, MS 39201-2801
Telephone: (601) 944-9622
Facsimile: (601) 944-9624
E-Mail: dental@dentalboard.ms.gov