

RENEWAL INFORMATION AND INSTRUCTIONS FOR MISSISSIPPI DENTAL HYGIENISTS

GENERAL INFORMATION

It is time to renew your Mississippi dental hygiene license, and **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, this document can be accessed at any time via the Board's web site by clicking "Online Renewals" on the left-hand side of the home page, scrolling down the page, and clicking the bulleted item labeled "Dental Hygienists." These instructions will guide you step-by-step through the online renewal process.

Board Regulation 37 states that every licensed dental hygienist must renew his/her dental hygiene license sixty (60) days prior to November 1 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 failure to re-register. Consequently, you no longer may practice dental hygiene in the State of Mississippi. However, you may request in writing that your license 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 INFORMATION** 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 will be transmitted via e-mail to the e-mail address you provided to the Board in the **PERSONAL INFORMATION** portion of your renewal.

If you currently provide dental hygiene services for one or more licensed Mississippi dentists, you need to make those selections in the **WORK INFORMATION** portion of your renewal and ensure you select **ALL** licensed Mississippi dentists for whom you provide dental hygiene services, regardless of the person signing your paycheck. For example, if you provide dental hygiene services in a dental office with more than one dentist, although you may work primarily for only one dentist in the clinic, you should select **ALL** dentists associated with that clinic as your dental employers, inasmuch as you may, from time-to-time, provide services for any dentists associated with that clinic. Also, should one or more of the licensed Mississippi dentists for whom you provide dental hygiene services have additional offices located within the State of Mississippi or in another state (referred to by the Board as satellite offices), and you travel to those satellite offices to provide dental hygiene services, you should select **ALL** satellite offices at which you provide dental hygiene services.

If you currently provide dental hygiene services for dentists **NOT** licensed by the State of Mississippi (those dentists with offices outside the State of Mississippi), you must provide the full name, degree, street address, mailing address, telephone number, and fax number for **ALL** out-of-state dentists for whom you provide dental hygiene services. Furthermore, even if you currently are **NOT** practicing dental hygiene, you must provide the full name, street address, mailing address, telephone number, and fax number for **ALL** non-dental locations at which you work.

Carefully review all instructions and your personal/work information as you go step-by-step through your online renewal to ensure your licensure information is current and accurate. Once you begin the online renewal process, you **MUST** complete your online 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. Additionally, once your renewal has been finalized, you will **NOT** be able to return to the online portal to make changes to your renewal.

RENEWAL INSTRUCTIONS

STEP 1

Mississippi State Board of Dental Examiners

Hygienist License

Welcome to the online portal for licensed Mississippi dental hygienists. To utilize this portal, enter your Mississippi Dental Hygiene License Number and your Unique ID, both of which already have been provided to you by the Board, and click "Enter".

* Indicates required fields.

Search Criteria

License Number: *

Unique Id: *

Back Enter

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MISSISSIPPI you

- Enter your Mississippi dental hygiene or provisional dental hygiene license number.
- Dental hygiene licenses are 4 digits, followed by a dash, followed by 2 digits, and then followed by "DH" (e.g., 1111-80DH).
- Provisional dental hygiene licenses have PRV or PRV-TP at the beginning of the license number, followed by a dash, followed by 3 digits and another dash, followed by 2 digits, and then followed by "DH" (e.g., PRV-TP-111-80DH).
- 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, with "5555" being the last 4 digits of your Social Security number, "03" being the 2 digit birth month, "11" being the 2 digit birth date, and "48" being the 2 digit birth year).
- Once you have reviewed this screen and entered the correct information, press "Enter."

STEP 2

- Press "Renew" to begin your online renewal process.
- If you are not ready to renew your license, press "Logout" and return to the online portal at a later time.
- Once you begin the online renewal process, you **MUST** complete your online 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.
- Once your renewal has been finalized, you will **NOT** be able to return to the online portal to make changes to your renewal.

Mississippi State Board of Dental Examiners

Hygienist Menu

If you wish to renew your Mississippi Dental Hygiene License Number, click "Renew." If you wish to cast your ballot for potential dental hygiene appointments to the Mississippi State Board of Dental Examiner, click "Ballot Voting." You will be directed to the appropriate screen.

Menu Options

Click this to renew License: Renew

Click this for Ballot Voting: Ballot Voting

Logout: Logout

Back Enter

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Renew Hygienist License

All Certificates of License expire on October 31 of each even 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 \$25 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.

If you have not renewed your newly issued dental hygienist license within two (2) months of issuance, you will be assessed the appropriate renewal penalties. If you fail to renew your newly issued dental hygienist license within 120 days of issuance, the license and/or permit will be voided for failure to renew.

To begin your dental hygienist license renewal, please select "Continue".

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STEP 3

- This screen provides information as to the renewal and penalty periods.
- Once you have reviewed this screen, press "Continue."

STEP 4

- No changes can be made to your license number, 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.
- Your "Home Street Address" is the physical location of your residence and cannot be a post office box; however, your "Primary Mailing Address" can be any address you choose for information sent from the Board to you via United States Postal Service.
- If your "Primary Mailing Address" is identical to your "Home Street Address," you should press "Same as Home" to populate the information for your "Primary Mailing Address."
- You **MUST** provide a currently valid e-mail address, and double-check your e-mail address for accuracy.
- Asterisks denote required fields.
- Once you have reviewed this screen and entered the correct information, press "Continue."



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Renew Hygienist 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	1111-11DH
First Name*	JANE
Middle Name	SUSAN
Last Name*	DOE
Original License Name	JANE SUSAN SMITH
Maiden Name	SMITH
Date of Birth	01/01/1961
Status	ACTIVE

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.

Home Street Address

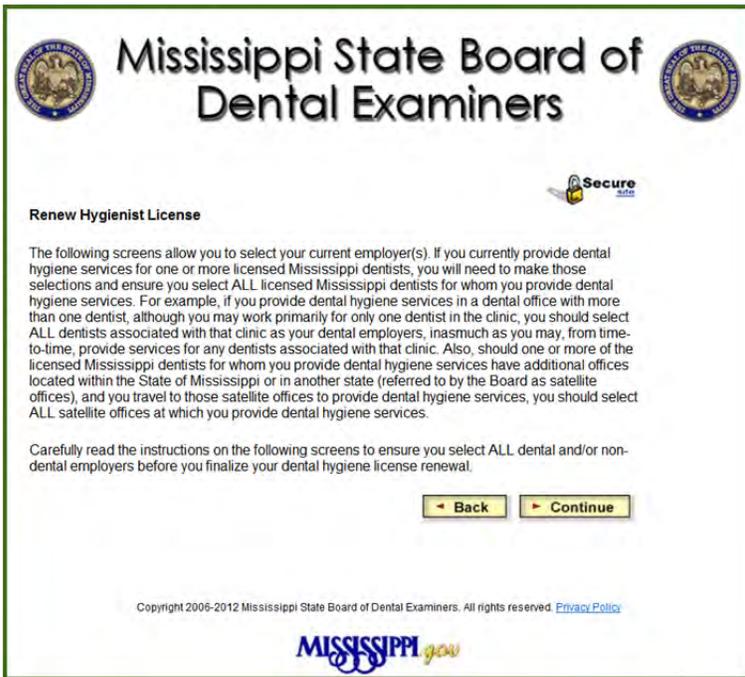
Address 1*	APARTMENT 100
Address 2	600 EAST AVENUE
City*	JACKSON
State*	MISSISSIPPI
Zip Code	39201
Home Phone*	601-944-9622 ex: 601-555-1234 or 011 5255551234
Home Fax	601-944-9624 ex: 601-555-1234 or 011 5255551234
Home E-mail*	janiesue@doe.com

Primary Mailing Address

Address 1*	P O BOX 111
Address 2	
City*	JACKSON
State*	MISSISSIPPI
Zip Code	39201

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STEP 5-A

- If you currently have one (1) or more dental or non-dental employers listed with the Board, you have an opportunity at this point to add new dental or non-dental employers or delete currently listed dental or non-dental employers.
- If you delete all current employers and press “Continue,” you will be directed to the screen in Step 5-B. If you select “No” in Step 5-B and press “Continue,” you will be directed to the screen in Step 6. If you select “Yes” in Step 5-B and press “Continue,” you will be directed to the screen in Step 5-C.
- If currently listed dental or non-dental employers are correct, press “Continue,” and you will be directed to the screen in Step 6.
- If you need to add dental or non-dental employers, press “Add Location,” and you will be directed to the screen in Step 5-C.



STEP 5

- This screen provides information as to your selection of dental and non-dental employers.
- If the Board’s current information reflects one (1) or more dental or non-dental employers for you, when you press “Continue” you will be directed to the screen in Step 5-A.
- If the Board’s current information does **NOT** reflect one (1) or more dental or non-dental employers for you, when you press “Continue” you will be directed to the screen in Step 5-B.
- Once you have reviewed this screen, press “Continue.”



STEP 5-B

- If your current information with the Board reflects no currently listed dental or non-dental employers, when you pressed “Continue” in Step 5, you will be directed to the screen in Step 5-B.
- If you deleted all current employers in Step 5-A and pressed “Continue,” you will be directed to the screen in Step 5-B.
- If you select “No” and press “Continue,” you will be directed to the screen in Step 6.
- If you select “Yes” to add updated dental or non-dental employers and press “Continue,” you will be directed to the screen in Step 5-C.

STEP 5-C

- To add updated dental or non-dental employers, you first must determine the type of employer and select the appropriate category.
- You may select only one (1) category at a time. If you need to add more than one kind of dental or non-dental employer, you will be able to return to the screen in Step 5-C, select another type of dental or non-dental employer, and enter all pertinent information on the appropriate follow-up screens.
- Once you have selected the type of dental or non-dental employer, press “Continue,” and you will be directed to the screen in Step 5-D.

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Select the type of employer that you wish to add and then click "Continue".

Add a New Employer

- MS Licensed Dentist
- Facility or Institution (i.e. University of MS Dental School, any MS Dental Hygiene school, or any MS dental assisting school...)
- Veterans Administration Medical Center
- U.S. Military Base
- Out of State Licensed Dentist
- Other Type of Employment (e.g., Kroger, Walmart)

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STEP 5-D

- Carefully read all “Work Location Questions” and click each checkbox to acknowledge you have read the question, understand the question, and will correctly report all dental and non-dental employers.
- You will need to review this screen each time you select a dental or non-dental employer and each time you select a different type of dental or non-dental employer.
- If you selected “MS Licensed Dentist” in Step 5-C, after selecting the checkbox next to each question and pressing “Continue,” you will be directed to the screen in Step 5-E.
- If you selected “Facility or Institution” in Step 5-C, after selecting the checkbox next to each question and pressing “Continue,” you will be directed to the screen in Step 5-H.
- If you selected “Veterans Administration Medical Center” in Step 5-C, after selecting the checkbox next to each question and pressing “Continue,” you will be directed to the screen in Step 5-I.
- If you selected “U.S. Military Base” in Step 5-C, after selecting the checkbox next to each question and pressing “Continue,” you will be directed to the screen in Step 5-J.
- If you selected “Out of State Licensed Dentist” in Step 5-C, after selecting the checkbox next to each question and pressing “Continue,” you will be directed to the screen in Step 5-K.
- If you selected “Other Type of Employment” in Step 5-C, after selecting the checkbox next to each question and pressing “Continue,” you will be directed to the screen in Step 5-L.

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Carefully read the following and click the box beside each item indicating that you have read and understand the statement. Afterwards, click Continue.

Work Location Questions

- I understand that even if I primarily provide dental hygiene services for one licensed Mississippi dentist in a location where more than one licensed Mississippi dentist works, I need to select ALL licensed Mississippi dentists working at that location, inasmuch as from time-to-time it may be necessary for me to provide dental hygiene services for any of the licensed Mississippi dentists working at that location.
- I understand that if one or more dentists for whom I provide dental hygiene services has a satellite office, and if I travel to one or more satellite offices to provide dental hygiene services for the dentist(s), I need to select ALL satellite offices at which I provide dental hygiene services.
- I understand that I have to provide the names of ALL licensed Mississippi dentists for whom I provide dental hygiene services, regardless of the person signing my paycheck.
- I understand that if I provide dental hygiene services for dentists NOT licensed by the State of Mississippi (those dentists with offices outside the State of Mississippi), I must provide the full name, degree, street address, mailing address, telephone number, and fax number for ALL out-of-state dentists for whom I provide dental hygiene services.
- I understand that if I currently am NOT working in the dental hygiene profession, I must provide the full name, street address, mailing address, telephone number, and fax number for ALL non-dental locations at which I work.

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STEP 5-E

- After selecting “Continue” in Step 5-D and if you selected “MS Licensed Dentist” in Step 5-C, you will be directed to the screen in Step 5-E.
- Enter all or part of the dentist’s last name in the “Mississippi Dentist Search” box and press “Continue.”
- The results are displayed in the screen in Step 5-F.
- You may return to the “Mississippi Dentist Search” box as many times as necessary to ensure you provide the Board with the names and locations of all currently licensed Mississippi dentists for whom you provide dental hygiene services, regardless of the person signing your paycheck. When doing so, you will revisit the same screens as noted in Steps 5-C and 5-D.

Mississippi Dentists	
Dentist Name	Office Name/Street Address
<input type="checkbox"/> CHARLES ALTON SMITH	CHARLES ALTON SMITH DMD 2810 GOVERNMENT STREET OCEAN SPRINGS, MS 39564 228-872-3333 (P) 228-872-9877 (F)
<input type="checkbox"/> DON E SMITH	DON E SMITH DDS 300 WEST ADAMS STREET KOSCIUSKO, MS 39099 662-289-2570 (P) 662-289-2580 (F)
<input type="checkbox"/> GREGORY A SMITH	GREGORY A SMITH DMD 2214 HIGHWAY 29 SOUTH ELLISVILLE, MS 39437 601-477-8229 (P) (F)
<input type="checkbox"/> JOHN MCHUGH SMITH	JOHN MCHUGH SMITH DDS CAMP SHELBY NATIONAL GUARD BUILDING 1302 JACKSON AVENUE HATTIESBURG, MS 39401 601-545-3829 (F)
<input type="checkbox"/> KIMBERLY MARIE BLAIR SMITH	KIMBERLY MARIE BLAIR SMITH DMD 409 MAIN STREET NORTH MENDENHALL, MS 39114 601-847-1223 (P) 601-847-9131 (F)
<input type="checkbox"/> RICHARD LEWIS SMITH	RICHARD LEWIS SMITH DMD CRYSTAL SPRINGS ELEMENTARY/HIGHSCHOOL 201 NEWTON STREET CRYSTAL SPRINGS, MS 39059 601-497-6112 (P) (F)
<input type="checkbox"/> ROBERT KUHEN SMITH	ROBERT KUHEN SMITH DDS SUITE 1 706 SOUTH WHITE STATION MEMPHIS, TN 38117 901-885-8090 (P) 901-884-1692 (F)
<input type="checkbox"/> HUGH CAM SMITH JR	HUGH CAM SMITH JR DDS CHILDREN'S DENTAL CLINIC 303 HOSPITAL DRIVE CLEVELAND, MS 38732 662-843-5811 (P) 662-846-6527 (F)
<input type="checkbox"/> JOHN B SMITH JR	JOHN B SMITH JR DMD 1040 HIGHWAY 35 SOUTH FOREST, MS 39074 601-469-3851 (P) 601-469-4356 (F)
<input type="checkbox"/> ROBERT L SMITH JR	ROBERT L SMITH JR DDS 007 EAST COMMERCE STREET HERRANDO, MS 38832 662-429-5055 (P) 662-429-5056 (F)
<input type="checkbox"/> PAMELA SUE SMITHE	PAMELA SUE SMITHE DMD 1084 HIGHWAY 88-51N MCCOMB, MS 39648 601-884-5150 (P) 601-884-5190 (F)

STEP 5-F

- Based upon the search parameters you entered in Step 5-E, the screen in Step 5-F displays all currently licensed Mississippi dentists whose last names match all or part of your search parameters.
- Remember the “Work Location Questions” in Step 5-D, inasmuch as you **MUST** select **ALL** licensed dentists in a dental clinic, regardless of the person signing your paycheck, and you **MUST** select **ALL** satellite offices for each dentist for whom you provide dental hygiene services.
- Once you have made your selections and pressed “Continue,” you may be directed to the screen in Step 5-G if the dentist(s) you have selected work at more than one (1) location and/or have additional dentists working in the same locations as those selected on the screen in Step 5-F.
- Once you have made your selections and pressed “Continue,” you may be directed to the screen in Step 6 if you have selected all locations for your dental employers and if no additional dentists work at these locations.
- You can always press “Back” or “Location List” to edit your search parameters and type of employer, whereupon you will revisit the same screens as noted in Steps 5-C and 5-D.

STEP 5-G

- Based upon your selections in Step 5-F, you may be directed to the screen in Step 5-G.
- If you did **NOT** select all Mississippi dentists working at a particular location or if you did **NOT** select **ALL** locations for the dentist(s) for whom you provide dental hygiene services, this screen will serve as a reminder that you may not have properly recorded your Mississippi dental employers.
- Once again, remember the “Work Location Questions” in Step 5-D, inasmuch as you **MUST** select **ALL** licensed dentists in a dental clinic, regardless of the person signing your paycheck, and you **MUST** select **ALL** satellite offices for each dentist for whom you provide dental hygiene services.
- Make all necessary additional selections and press “Continue,” whereupon you will be directed to the screen in Step 6.
- You can always press “Back” or “Location List” to edit your search parameters and type of employer, whereupon you will revisit the same screens as noted in Steps 5-C and 5-D.

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Please select the dentist/address combination for the employer(s) for whom you render dental hygiene services. One or more dentist/address combinations can be selected. Select "Continue" at the bottom of the screen to proceed.

If you do not render dental hygiene services for any of the dentists listed below, select "Location List" at the bottom of the screen to return to the Work Location List.

- The list below contains the names of additional dentists who practice at the same location as the dentist(s) you selected. The list also contains satellite locations for the dentist(s) you selected. Please check all additional dentists for whom, and satellite locations at which, you render dental hygiene services and select the "Continue" button.

* Indicates required fields

Mississippi Dentist(s)	
Dentist Name	Office Name/Street Address
<input type="checkbox"/> RICHARD LEWIS SMITH	RICHARD LEWIS SMITH DMD MADISON CITY MEDICAL CENTER 1421 EAST PEACE STREET CANTON, MS 39046 601-859-1331 (P) 601-855-5320 (F)
<input type="checkbox"/> RICHARD LEWIS SMITH	RICHARD LEWIS SMITH DMD HARDY WILSON MEMORIAL HOSPITAL 233 MAGNOLIA STREET HAZLEHURST, MS 39083 601-894-4541 (P) 601-894-6279 (F)
<input type="checkbox"/> RICHARD LEWIS SMITH	RICHARD LEWIS SMITH DMD 2092 PAT HARRISON DRIVE CRYSTAL SPRINGS, MS 39059 601-497-6112 (P) 601-707-7786 (F)
<input type="checkbox"/> RICHARD LEWIS SMITH	RICHARD LEWIS SMITH DMD CRYSTAL SPRINGS ELEMENTARY/HIGHSCHOOL 201 NEWTON STREET CRYSTAL SPRINGS, MS 39059 601-497-6112 (P) (F)
<input type="checkbox"/> JOHN MCHUGH SMITH	JOHN MCHUGH SMITH DDS CAMP SHELBY NATIONAL GUARD BUILDING 1302 JACKSON AVENUE HATTIESBURG, MS 39401 601-545-3829 (P) (F)

Back Location List Continue

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STEP 5-H

- After selecting “Continue” in Step 5-D and if you selected “Facility or Institution” in Step 5-C, you will be directed to the screen in Step 5-H.
- This list is populated with **ALL** Mississippi dental, dental hygiene, and dental assisting schools.
- Select the appropriate school at which you work and press “Continue.”
- If you work at more than one (1) of these schools, you will need to revisit the screens in Steps 5-C and 5-D to make additional selections.
- It is **NOT** necessary to individually select the dentists for whom you work at these schools. You simply may select the school, and it will be added to the list of employers on the screen in Step 5-M.

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Select the type of Facility or Institution that you wish to add and then click "Continue".

Facility or Institution

Please select a Facility or Institution from the drop down list.

Select from List

Select from List

- Hinds Community College Dental Assisting Program
- Meridian Community College Dental Assisting Program
- Meridian Community College Dental Hygiene Program
- Mississippi Delta Community College Dental Hygiene Program
- Northeast Mississippi Community College Dental Hygiene Program
- Pearl River Community College Dental Assisting Program
- Pearl River Community College Dental Hygiene Program
- University of Mississippi Medical Center School of Dentistry
- University of Mississippi Medical Center School of Health-Related Professions

Continue

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STEP 5-I

- After selecting “Continue” in Step 5-D and if you selected “Veterans Administration Medical Center” (VAMC) in Step 5-C, you will be directed to the screen in Step 5-I.
- The office “Street Address” is the physical location of the VAMC and cannot be a post office box.
- If the “Mailing Address” is identical to the “Street Address,” you should press “Same as Office” to populate the information for the “Mailing Address.”
- Although not a requirement, a currently valid e-mail address would be helpful. Double-check your e-mail address for accuracy.
- Asterisks denote required fields.
- If you work at more than one (1) of these facilities, you will need to revisit the screens in Steps 5-C and 5-D to make additional selections.
- Once you have reviewed this screen and entered the correct information, press “Add Location,” and you will be directed to the screen in Step 5-M for final verification of your work location information.

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Renew Hygienist License

Complete the following information about a specific work location and click "Add Location".

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.

US Military Base Street Address

US Military Base:*

Address 1:*

Address 2:

City:*

State:*

Zip Code:

Office Phone:*
ex: 601-555-1234 or 011 5255551234

Office Fax:
ex: 601-555-1234 or 011 5255551234

E-mail:

Same as Office

US Military Base Mailing Address

Address 1:*

Address 2:

City:*

State:*

Zip Code:

Back Add Location

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Complete the following information about a specific work location and click "Add Location".

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.

Veterans Admin. Medical Center Street Address

Veterans Admin. Medical Center:*

Address 1:*

Address 2:

City:*

State:*

Zip Code:

Office Phone:*
ex: 601-555-1234 or 011 5255551234

Office Fax:
ex: 601-555-1234 or 011 5255551234

E-mail:

Same as Office

Veterans Admin. Medical Center Mailing Address

Address 1:*

Address 2:

City:*

State:*

Zip Code:

Back Add Location

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STEP 5-J

- After selecting “Continue” in Step 5-D and if you selected “U.S. Military Base” in Step 5-C, you will be directed to the screen in Step 5-J.
- The office “Street Address” is the physical location of the military base and cannot be a post office box.
- If the “Mailing Address” is identical to the “Street Address,” you should press “Same as Office” to populate the information for the “Mailing Address.”
- Although not a requirement, a currently valid e-mail address would be helpful. Double-check your e-mail address for accuracy.
- Asterisks denote required fields.
- If you work at more than one (1) of these facilities, you will need to revisit the screens in Steps 5-C and 5-D to make additional selections.
- Once you have reviewed this screen and entered the correct information, press “Add Location,” and you will be directed to the screen in Step 5-M for final verification of your work location information.

STEP 5-K

- After selecting “Continue” in Step 5-D and if you selected “Out of State Licensed Dentist” in Step 5-C, you will be directed to the screen in Step 5-K.
- The office “Street Address” is the physical location of the dentist’s office and cannot be a post office box.
- If the “Mailing Address” is identical to the “Street Address,” you should press “Same as Office” to populate the information for the “Mailing Address.”
- Although not a requirement, a currently valid e-mail address would be helpful. Double-check your e-mail address for accuracy.
- Asterisks denote required fields.
- If you work for more than one (1) out-of-state dentist, you will need to revisit the screens in Steps 5-C and 5-D to make additional selections.
- Once you have reviewed this screen and entered the correct information, press “Add Location,” and you will be directed to the screen in Step 5-M for final verification of your work location information.

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Complete the following information about a specific work location and click "Add Location".

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.

Other Type of Employer Street Address

Other Type of Employer:*

Address 1:*

Address 2:

City:*

State:*

Zip Code:

Office Phone:*
ex: 601-555-1234 or 011 5255551234

Office Fax:
ex: 601-555-1234 or 011 5255551234

E-mail:

[Same as Office](#)

Other Type of Employer Mailing Address

Address 1:*

Address 2:

City:*

State:*

Zip Code:

[Back](#) [Add Location](#)

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Complete the following information about a specific other work location and click "Add Location".

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.

Out of State Dentist - Office Street Address

First Name:*

Middle Name:

Last Name:*

Degree:*

Address 1:*

Address 2:

City:*

State:*

Zip Code:

Office Phone:*
ex: 601-555-1234 or 011 5255551234

Office Fax:
ex: 601-555-1234 or 011 5255551234

E-mail:

[Same as Office](#)

Out of State Dentist - Office Mailing Address

Address 1:*

Address 2:

City:*

State:*

Zip Code:

[Back](#) [Add Location](#)

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STEP 5-L

- After selecting “Continue” in Step 5-D and if you selected “Other Type of Employment” in Step 5-C, you will be directed to the screen in Step 5-L.
- The “Street Address” is the physical location of your non-dental employer and cannot be a post office box.
- If the “Mailing Address” is identical to the “Street Address,” you should press “Same as Office” to populate the information for the “Mailing Address.”
- Although not a requirement, a currently valid e-mail address would be helpful. Double-check your e-mail address for accuracy.
- Asterisks denote required fields.
- If you work for more than one (1) non-dental employer, you will need to revisit the screens in Steps 5-C and 5-D to make additional selections.
- Once you have reviewed this screen and entered the correct information, press “Add Location,” and you will be directed to the screen in Step 5-M for final verification of your work location information.

STEP 5-M

- Once you have made all dental and non-dental employer selections during the various phases of Step 5 and pressed “Add Location” following your final selection(s), you will be directed to the screen in Step 5-M.
- This is your opportunity to review all of your employer selections and make any required additions or deletions. If you press “Back,” you will revisit the screen in Step 5 and move forward from there. If you press “Add Location,” you will revisit the screens in Steps 5-C and 5-D and move forward from there.
- Once you have reviewed this screen and made any required additions or deletions, press “Continue,” and you will be directed to the screen in Step 6.



Mississippi State Board of Dental Examiners





Renew Hygienist License

Carefully read the following and click the box beside each item indicating that you have read and understand the statement. Afterwards, click Continue or Back, if you need to edit your employer information.

Work Location Questions

For each location where I provide dental hygiene services for a licensed Mississippi dentist, I have selected ALL licensed Mississippi dentists at that location, even if I primarily provide dental hygiene services for only one of the licensed Mississippi dentists at that location, inasmuch as I realize that from time-to-time it may be necessary for me to provide dental hygiene services for any of the licensed Mississippi dentists working at that location.

If one or more dentists for whom I provide dental hygiene services has a satellite office, and if I travel to one or more satellite offices to provide dental hygiene services, I have selected ALL satellite offices at which I provide dental hygiene services.

I have provided the names of ALL licensed Mississippi dentists for whom I provide dental hygiene services, regardless of the person signing my paycheck.

If I am working for an out-of-state dentist for whom I provide dental hygiene services, I have provided the full name, degree, street address, mailing address, telephone number, and fax number for ALL out-of-state dentists for whom I provide dental hygiene services.

If I currently DO NOT work in the dental hygiene profession, I have provided the full name, street address, mailing address, telephone number, and fax number for ALL non-dental locations at which I work.

◀ Back
▶ Continue

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Mississippi State Board of Dental Examiners





Renew Hygienist 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.

If your work location is listed but the address, telephone, fax, or e-mail information has changed since your last renewal, please click “Delete” for the current listing. Afterwards, click “Add Location” and enter the same work location with the new address, telephone, fax, or e-mail information.

* Indicates required fields.

Work Information		
	Employer/Street Address	Phone/Fax
[Delete]	RICHARD LEWIS SMITH DMD WESSON ATTENDANCE CENTER 532 GROVE STREET WESSON, MS 39191	601-497-6112
[Delete]	RICHARD LEWIS SMITH DMD 2092 PAT HARRISON DRIVE CRYSTAL SPRINGS, MS 39059	601-497-6112 601-707-7786
[Delete]	RICHARD LEWIS SMITH DMD HARDY WILSON MEMORIAL HOSPITAL 233 MAGNOLIA STREET HAZLEHURST, MS 39083	601-894-4541 601-894-6279
[Delete]	JOHN MCHUGH SMITH DDS DIXON CORRECTIONAL INSTITUTE 5568 HIGHWAY 68 JACKSON, LA 70748	225-634-1200 225-634-6229
[Delete]	RICHARD LEWIS SMITH DMD CRYSTAL SPRINGS ELEMENTARY/HIGHSCHOOL 201 NEWTON STREET CRYSTAL SPRINGS, MS 39059	601-497-6112
[Delete]	JOHN MCHUGH SMITH DDS CAMP SHELBY NATIONAL GUARD BUILDING 1302 JACKSON AVENUE HATTIESBURG, MS 39401	601-545-3829
[Delete]	UMC SCHOOL OF DENTISTRY 2500 NORTH STATE STREET JACKSON, MS 39216	601-984-1000 601-984-6039

◀ Back
Add Location
▶ Continue

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STEP 6

- Upon pressing “Continue” in Steps 5-A, 5-B, or 5-M, you will be directed to the screen in Step 6.
- Carefully read all “Work Location Questions” and click each checkbox to acknowledge you have read the question, understand the question, and have correctly reported all dental and non-dental employers.
- Press “Back” to return to Screen 5-M, whereupon you may change any of your dental and non-dental employer information and follow the appropriate screens to return to the screen in Step 6.
- If you are certain you have correctly reported all dental and non-dental employer information and once you have reviewed this screen, press “Continue,” and you will be directed to the screen in Step 7.

STEP 7

- Carefully read all affirmations and information in the “Hygienist Certification” box.
- If you agree with all affirmations in the “Hygienist 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 “Hygienist 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” for Step 8.



Mississippi State Board of Dental Examiners





Renew Hygienist 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.

Summary

PERSONAL INFORMATION [\[Edit This Section\]](#)

License Number: 1111-11DH
 Name: JANE SUSAN DOE
 Original License Name: JANE SUSAN SMITH
 Maiden Name: SMITH
 Date of Birth: 01/01/1961
 Status: ACTIVE

HOME STREET AND MAILING INFORMATION

Home Address: APARTMENT 100 Home Phone: 801-944-9622
 600 EAST AVENUE Home Fax: 801-944-9624
 JACKSON, MISSISSIPPI 39201
 Home E-mail: janiesue@doe.com

Mailing Address: P. O. BOX 111
 JACKSON, MISSISSIPPI 39201

WORK INFORMATION [\[Edit This Section\]](#)

RICHARD LEWIS SMITH DMD WESSON ATTENDANCE CENTER 532 GROVE STREET WESSON, MS 39191	801-497-6112 (P)
RICHARD LEWIS SMITH DMD 2092 PAT HARRISON DRIVE CRYSTAL SPRINGS, MS 39059	801-497-6112 (P) 801-707-7786 (F)
RICHARD LEWIS SMITH DMD HARDY WILSON MEMORIAL HOSPITAL 233 MAGNOLIA STREET HAZLEHURST, MS 39083	801-894-4541 (P) 801-894-6279 (F)
JOHN MCHUGH SMITH DDS DIXON CORRECTIONAL INSTITUTE 5568 HIGHWAY 68 JACKSON, LA 70748	225-634-1200 (P) 225-634-6229 (F)
RICHARD LEWIS SMITH DMD CRYSTAL SPRINGS ELEMENTARY/HIGHSCHOOL 201 NEWTON STREET CRYSTAL SPRINGS, MS 39059	801-497-6112 (P)
JOHN MCHUGH SMITH DDS CAMP SHELBY NATIONAL GUARD BUILDING 1302 JACKSON AVENUE HATTIESBURG, MS 39401	801-545-3829 (P)
UMC SCHOOL OF DENTISTRY 2500 NORTH STATE STREET JACKSON, MS 39216	801-984-1000 (P) 801-984-6039 (F)

CERTIFICATION INFORMATION [\[Edit This Section\]](#)

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

3 months Number of months licensee practiced in Mississippi from 11/01/2011 through 10/31/2012.

Comments:

Certification Agreement

I certify that I have read the information provided, and I am qualified to practice dental hygiene 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

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Mississippi State Board of Dental Examiners





Renew Hygienist License

Please review all of the information listed below, providing comments if needed. Select **Continue** once you have reviewed this page.

Hygienist Certification

I, the undersigned, hereby certify, swear, and affirm that I have complied with all continuing dental hygiene 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 “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 hygiene 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 for each year 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 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, I incorporate these recommendations in my dental hygiene practice.

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 hygiene 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.

ALL LOCATIONS WHERE LICENSEE PRACTICES MUST BE PROVIDED. LICENSEE MUST VERIFY THE NAMES, ADDRESSES, TELEPHONE, AND FAX NUMBERS OF ALL DENTISTS LISTED IN THE PREVIOUS SCREENS FOR WHOM DENTAL HYGIENE SERVICES ARE RENDERED. LICENSEE ALSO MUST PROVIDE THE NAMES AND APPROPRIATE INFORMATION OF ADDITIONAL WORK LOCATIONS NOT LISTED IN THE PREVIOUS SCREENS, REGARDLESS OF THE PERSON SIGNING THE PAYROLL CHECKS FOR THE LICENSEE. IF LICENSEE WORKS OUTSIDE THE DENTAL HYGIENE PROFESSION, THAT INFORMATION ALSO MUST BE PROVIDED.

Months Practiced

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

▼ * Number of months licensee practiced in Mississippi from 11/01/2011 through 10/31/2012.

Comments:

STEP 8

- Review all information provided on the “Summary” screen.
- This is your **FINAL** opportunity to see and review all renewal information at-a-glance, 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 or press “Back.”
- Once you have reviewed and/or edited any information, follow the prompts to return to the “Summary” screen.
- When you are certain your renewal information is correct, answer each statement in the “Certification Agreement” section by selecting the checkbox next to each statement.
- Press “Continue” to begin the payment process, which will take you to the screen in Step 9.
- Please be aware you **CANNOT** return to any renewal screens to edit your renewal information once you press “Continue” and begin the payment process.

STEP 9

- Carefully read the information on the “Going to Payment – License Renewal” screen.
- If you are ready to continue with the payment portion of your online renewal, press “Continue with Payment,” and you will be directed to the screen in Step 10.
- If you press “Cancel,” you will be returned to the “ONLINE Services” page of the Board’s renewal portal, whereupon you will need to select “Hygienist License” 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

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.

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MISSISSIPPI you

STEP 10

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	\$250.00
TOTAL	\$250.00

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
000000017	HYGIENIST LICENSE RENEWAL	\$200.00	1	\$200.00
000000047	PROFESSIONAL HEALTH NETWORK	\$50.00	1	\$50.00

Payment Method

Pay by:

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tpe The Transaction Processing Engine

- You now are beginning the payment portion of your online 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 11-A) or electronic check (see Step 11-B).
- Press “Continue” to enter your payment information. If you press “Cancel Payment,” you will be directed to the screen in Step 10-A, and you will be required to re-initiate your entire renewal process and re-enter any changes to your personal and work information.

STEP 10-A

- If you pressed “Cancel Payment” in Step 10, you will be re-directed to the screen in Step 10-A.
- You should press “Main Page” to return to the Board’s renewal portal entrance, whereupon you will need to select “Hygienist License” 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 Error

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.

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MISSISSIPPI you

STEP 11-A

ms.gov
Mississippi Official State Website

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	\$250.00
Online Processing Fee	\$6.50
TOTAL	\$256.50

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
000000017	HYGIENIST LICENSE RENEWAL	\$200.00	1	\$200.00
000000047	PROFESSIONALS HEALTH NETWORK	\$50.00	1	\$50.00

Customer Billing Information

Name:

Company Name:

Billing Address:

Billing Address 2:

Billing City:

State:

ZIP/Postal Code:

Country:

Phone Number:

Email Address:

Credit Card Information

Credit Card Type:

Credit Card Number:

Expiration Date:

Name on Credit Card:

Verification Code:

printed on back of most credit cards

printed on front of American Express

lpe The Transaction Processing Engine

- If you selected credit card as your method of payment in Step 10, you will see this screen for your “Customer Billing Information” and “Credit Card Information.”
- 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 11-B) is the lowest fee (\$1.25).
- Under “Customer Billing Information” enter all necessary information to use in billing your credit/debit card.
- The e-mail address you enter in this section may be different from the e-mail address you previously entered in your “Personal Information” (Step 4). Double-check the e-mail address you enter in this section to ensure you receive your payment confirmation e-mail 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.
- Once you have verified all information on this screen, press “Continue” for the “Confirmation of Payment” screen shown in Step 12.

STEP 11-B

- If you selected electronic check as your method of payment in Step 10, you will see this screen for your “Customer Billing Information” and “Electronic Check Information.”
- 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) and the State’s payment processor.
- The “Online Processing Fee” for paying by electronic check is \$1.25.
- Under “Customer Billing Information” enter all necessary information to use in settling the payment with your financial institution.
- The e-mail address you enter in this section may be different from the e-mail address you previously entered in your “Personal Information” (Step 4). Double-check the e-mail address you enter in this section to ensure you receive your payment confirmation e-mail transmitted to you within one (1) hour from the time you finalize your renewal.
- Under “Electronic Check Information,” 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 your bank’s name and the name on your bank account.
- 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 12.

MISSISSIPPI OFFICIAL STATE WEBSITE
ms.gov
Payment Process

You have selected to pay by Electronic Check. Complete Customer Billing Information and enter Electronic Check Information.

Transaction Summary

Description	Amount
Board of Dental Examiners License Renewal	\$250.00
Online Processing Fee	\$1.25
TOTAL	\$251.25

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
000000017	HYGIENIST LICENSE RENEWAL	\$200.00	1	\$200.00
000000047	PROFESSIONALS HEALTH NETWORK	\$50.00	1	\$50.00

Customer Billing Information Complete all required fields.

Name:

Company Name:

Billing Address:

Billing Address 2:

Billing City:

State:

ZIP/Postal Code:

Country:

Phone Number:

Email Address:

Electronic Check Information Complete all required fields.

Account Type:

Routing Number:

Account Number:

Re-enter Account Number:

Bank Name:

Name on Account:

Default Payment Date: 09/03/2012

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.

2010-10-13 SOURCE: ILL-AT RIGHTS RESOURCES SECURITY STATEMENT CONTACT US

tpe The Transaction Processing Engine

STEP 11-C

- 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 online 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 (Steps 11-A or 11-B), you will be directed to the “Confirmation of Payment” screen in Step 12.

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Payment Error

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.

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STEP 12

- Once you have finalized both your renewal information and payment, you will be directed to the “Confirmation of Payment” screen. This screen verifies that 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 renewal with the Board.
- Press “Main Page” to return to the online portal’s main renewal screen.

Mississippi State Board of
Dental Examiners

Payment Process

Secure

Confirmation of Payment

License Name: JANE SUSAN DOE
License Number: 1111-80DH
New Expiration Date: 10/31/2014
Payment Date: 09/02/2012
Amount Paid: \$256.50
Payment Status: Payment Complete
Confirmation Number: 2180684

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

► Main Page

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STEP 13

- 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 online 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 12, you should keep a copy of the payment confirmation e-mail as proof that you have finalized your Mississippi license 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: JANE SUSAN DOE
Payment Date: 09/02/2012
New Expiration Date: 10/31/2014
Amount Paid: \$256.50
Payment Status: Authorization Approved
Confirmation Number: 2180684

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