

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State  
**John Thurston**  
500 Woodlane, Suite 026  
Little Rock, Arkansas 72201-1094  
(501) 682-5070  
[www.sos.arkansas.gov](http://www.sos.arkansas.gov)



For Office  
Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Arkansas Department of Health

Department Div. of Health Related Boards & Commissions

Contact Meredith Rogers E-mail meredith.rogers@arkansas.gov Phone 501-682-2085

Statutory Authority for Promulgating Rules ACA 17-82-208

Rule Title: XXV: Fees

Intended Effective Date  
(Check One)

Emergency (ACA 25-15-204)

10 Days After Filing (ACA 25-15-204)

Other \_\_\_\_\_  
(Must be more than 10 days after filing date.)

Legal Notice Published .....

Final Date for Public Comment .....

Reviewed by Legislative Council .....

Adopted by State Agency .....

Date

June 26-28, 202121

July 26, 2022

Nov. 17, 2022

Nov. 17, 2022

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Meredith Rogers meredith.rogers@arkansas.gov

Dec. 30, 2022

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Signature

501-682-2085

meredith.rogers@arkansas.gov

Phone Number

E-mail Address

Executive Director

Title

Dec. 30, 2022

Date

## Article XXV: Fees

### A. Initial License/Permit

1. Dental License by Examination \$150
2. Dental License by Credentials/Reciprocity \$1,000
3. Dental Specialty License \$300
4. Collaborative Care Permit for Dentists \$500
5. Hygiene License by Examination \$100
6. Hygiene License by Credentials/Reciprocity \$350
7. Collaborative Care Permit I for Hygienists \$100
8. Collaborative Care Permit II for Hygienists \$150
9. Corporation Registration \$25
10. General/Deep Sedation Permit (Dentist) \$500
11. Moderate Sedation Permit (Dentist) \$150
12. Local Anesthesia Permit (Hygienist) \$25
13. Mobile Dental Facility Permit \$5,000
14. Exam and Licensing for Dental Assistants \$75

### B. Renewal

15. Dentist \$300
16. Corporation Registration \$10
17. Sedation Permit (Dentists) \$80
18. Dental Hygienists \$100
19. Reinstatement for Dentists and Hygienists \$200 plus renewal fee
20. Dental Assistant \$50

### C. Other

21. Wall Certificate Remake for dentists & hygienists \$25
22. NSF (returned) check fee \$25
23. Background checks \$38.50

### D. Fee Waiver

1. Pursuant to Act 725 of 2021, an applicant may receive a waiver of the initial licensure fee, if eligible. Eligible applicants are applicants who:
  - 1) Are receiving assistance through the Arkansas, or current state of residence equivalent, Medicaid Program, the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (SSNP), the Temporary Assistance for Needy Families Program (TEA), or the Lifeline Assistance Program (LAP);
  - 2) Were approved for unemployment within the last twelve (12) months; or
  - 3) Have an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

2. Applicants shall provide documentation showing their receipt of benefits from the appropriate State Agency.
  - 1) For Medicaid, SNAP, SSNP, TEA, or LAP, documentation from the Arkansas Department of Human Services (DHS), or current state of residence equivalent agency;
  - 2) For unemployment benefits approval in the last twelve (12) months, the Arkansas Department of Workforce Services, or current state of residence equivalent agency; or
  - 3) For proof of income, copies of all United States Internal Revenue Service Forms indicating applicant's total personal income for the most recent tax year e.g., "W2," "1099," etc.
3. Applicants shall attest that the documentation provided under subsection 2. is a true and correct copy and fraudulent or fraudulently obtained documentation shall be grounds for denial or revocation of license.