(D) APPLICATION FORM.

THE FORM PROVIDED BY THE BOARD FOR INACTIVE STATUS APPLICATION OR RENEWAL SHALL REQUIRE THE INDIVIDUAL TO STATE:

- (1) NAME:
- (2) INACTIVE STATUS REGISTRATION NUMBER, IF ANY;
- (3) DEGREE:
- (4) SCHOOL THAT AWARDED THE DEGREE;
- (5) YEAR OF GRADUATION;
- (6) HOME ADDRESS;
- (7) PRINCIPAL OFFICE ADDRESS;
- (8) PRINCIPAL OFFICE TELEPHONE NUMBER; AND
- (9) WHETHER OR NOT THE INDIVIDUAL IS IN REGULAR PRACTICE OUTSIDE THIS STATE.
 - (E) REACTIVATION; WAIVER OF EXAMINATIONS.

THE BOARD SHALL WAIVE THE EXAMINATION REQUIREMENTS OF §§ 4-302 AND 4-305 OF THIS SUBTITLE FOR:

- (1) A DENTIST ON INACTIVE STATUS WHO APPLIES FOR A GENERAL LICENSE TO PRACTICE DENTISTRY, IF THE DENTIST HAS PRACTICED DENTISTRY REGULARLY IN ANY OTHER STATE WITHIN 3 YEARS OF APPLYING FOR THE LICENSE; OR
- (2) A DENTAL HYGIENIST ON INACTIVE STATUS WHO APPLIES FOR A GENERAL LICENSE TO PRACTICE DENTAL HYGIENE, IF THE DENTAL HYGIENIST HAS PRACTICED DENTAL HYGIENE REGULARLY IN ANY OTHER STATE WITHIN 3 YEARS OF APPLYING FOR THE LICENSE.
 - REVISOR'S NOTE: This section is new language derived without substantive change from Art. 32, §§ 6A(b), (c), and (d) and 30(b), (c), and (d).

The references in this section to the Board providing the form for applications for inactive status are new language added to state expressly a provision that presently is only implied and to conform to actual practice.

The term "registration" is used instead of terms such as "inactive license" to avoid creating the false impression that an individual on inactive status may practice in this State.