



ARIZONA STATE BOARD OF DENTAL EXAMINERS

4205 North 7th Avenue, Suite 300 • Phoenix, Arizona 85013

Telephone (602) 242-1492 • Fax (602) 242-1445

Business Entity Registration

Enacted by the Legislature of the State of Arizona, Section 1, Title 32, Chapter 11 of the Arizona Revised Statutes (A.R.S.) amended section 32-1213 effective September 26, 2008.

Qualifications:

- ❖ Business entity offering dental services.
- ❖ The following business entities are exempt from registration:
 - ✓ Owned exclusively by a licensee(s) of this Board (dentist, dental hygienist, denturist)
 - ✓ Regulated by the federal government, or a state, district or territory of the United States.
 - ✓ Licensed under A.R.S. Title 20 – Specifically, a service corporation; insurer authorized to transact disability insurance; prepaid dental plan or health care services organization that do not provide directly for services.
 - ✓ A professional corporation or professional limited liability company, the shares of which are exclusively owned by persons who are licensed by the Board and formed to engage in the practice of dentistry pursuant to Title 10, Chapter 20 or Title 29, Chapter 4, Article 11.

Registration:

- File an application on the form provided by the Board.
- File a separate application for each office in Arizona.
- Pay the registration fee of \$300.00 for each office.
- Business Entity Registrations expire three years after the date of issuance.

Compliance:

- ❖ The business entity must notify the Board in writing within 30 days after any change in:
 - Entity name, address or telephone number,
 - Officers or directors,
 - Any dentist who is authorized to provide and who is responsible for providing the dental services.

- ❖ The business entity must have a written protocol in place for the secure storage, transfer and access of the dental records of the business entity's patients which includes patient notification of future location of their records if the entity terminates or sells the practice, disposing of unclaimed dental records and timely response to patient request for copies of their records.
- A.R.S. § 32-1264(D) & (E) Maintenance of records:
 - D. Within fifteen business days of a patient's written request, that patient's dentist, dental hygienist or denturist or a registered business entity shall transfer legible and diagnostic quality copies of that patient's records to another licensee or certificate holder or that patient. The patient may be charged for the reasonable costs of copying and forwarding these records. The board by rule shall prescribe the reasonable costs of reproduction. A dentist, dental hygienist, denturist or registered business entity may require that payment of reproduction costs be made in advance, unless the records are necessary for continuity of care, in which case the records shall not be withheld. Copies of records shall not be withheld because of an unpaid balance for dental services.
 - E. Unless otherwise required by law, a person licensed or certified pursuant to this chapter or a business entity registered pursuant to this chapter must retain the original or a copy of a patient's dental records as follows:
 1. If the patient is an adult, for at least six years after the last date the adult patient received dental services from that provider.
 2. If the patient is a child, for at least three years after the child's eighteenth birthday or for at least six years after the last date the child received dental services from the provider, whichever occurs later.

Please note: At this time, rule is not in place prescribing the reasonable costs of reproducing records.

- ❖ The business entity must notify the Board within 30 days after:
 - Dissolution of the business entity, closing or relocation of the facility
 - Closing of the facility,
 - Relocation of the facility,
 - And how patients may obtain their records.
- ❖ The business entity registration must be conspicuously displayed in the dental practice in a manner that is always readily observable by patients and visitors. (Arizona Administrative Code R4-11-1802(A))



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BUSINESS ENTITY REGISTRATION APPLICATION

Business Entity Name: _____

Contact Name: _____

Business Entity Street Address: _____

City _____ Zip _____

Telephone Number (____) _____

1. List the name of each licensed dentist who is authorized and who is responsible for the dental services offered at this location. If additional space is needed, please attach a separate sheet of paper.

Dentist Name	License Number
_____	_____
_____	_____
_____	_____

2. Describe the services offered to the public. If additional space is needed, please attach a separate sheet of paper.

3. List the names and addresses of the Officers and Directors. If additional space is needed, please attach a s

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(OVER)

4. List any other state, territory, district or country in which you have obtained a registration, permit, license or other authorization to own or operate a facility providing dental services.

5. Has any state, territory, district, or country ever taken the following action against your registration, permit, license or other authorization by:

- | | | | | |
|---|-------|------|-------|----|
| a. Refusal to issue or renew | _____ | Yes* | _____ | No |
| b. Denial of an application | _____ | Yes* | _____ | No |
| c. Surrender in lieu of disciplinary action | _____ | Yes* | _____ | No |
| d. Suspension | _____ | Yes* | _____ | No |
| e. Revocation | _____ | Yes* | _____ | No |
| f. Cancellation | _____ | Yes* | _____ | No |
| g. Any disciplinary action | _____ | Yes* | _____ | No |

*If yes, attach a separate page stating the full details.

6. In accordance Arizona Revised Statutes § 32-1213(F) a written protocol is in place for the secure storage, transfer and access of the dental records of the business entity's patients which includes patient notification of future location of their records if the entity terminates or sells the practice, disposing of unclaimed dental records and timely response to patient request for copies of their records (A.R.S. § 32-1264).

7. Return this form with the registration fee of \$300.00 payable by check or money order to:
Arizona State Board of Dental Examiners.

I do hereby swear and affirm that the foregoing statements contained in this registration are true and correct.

Signature of Authorized Agent

Date

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public