



**Application for Registered Dental Assistant in Extended Functions (RDAEF)
 Examination and Licensure**

FEES	
Application:	\$20.00
Examination:	\$250.00
Total	\$270.00
Written examination fees will be paid directly to PSI at a later date.	

For Office Use Only

Rec # _____

Fee Pd _____

Date _____

Cashiered: _____

ATS # _____

For Office Use Only

Date Received

FEES ARE NON-REFUNDABLE

For Office Use Only

Reviewed By: _____ QM: _____ Cycle: _____

Sch Code: _____ Grad Date: _____ Dean _____

AEF License Number _____ Picture

(Please Print Clearly or Type)

1. SOCIAL SECURITY NUMBER	2. BIRTH DATE (MM/DD/YYYY)
3. LEGAL NAME: LAST	FIRST MIDDLE

4. LIST ANY OTHER NAMES USED:

5. MAILING ADDRESS: (The address you enter is public information and will be placed on the address Internet pursuant to B&P Code section 27).	6. ALTERNATE ADDRESS: (If you do not want your home or work available to the public, please provide an alternate mailing address).
7. TELEPHONE (INCLUDE AREA CODE)	WORK HOME

8. PREFERRED EXAMINATION:

Los Angeles Northern California Month of Exam _____

9. Have you been licensed to practice dental assisting, dental hygiene, dentistry or any other health profession in any state or foreign country? Yes No

Type of Practice: _____

License Number: _____

State/Country: _____

10. The following MUST BE COMPLETED BY THE EXTENDED FUNCTIONS PROGRAM DIRECTOR:

I HEREBY DECLARE under penalty of perjury under the laws of the State of California that

_____ began this program on _____ and
(name of applicant) (mm/dd/yyyy)

matriculated in the below-named extended functions on _____ day of _____ 20_____.

(If the expected date of graduation is after the date on which this application is filed, I understand that I must certify this student's graduation in writing to the Dental Board of California no later than 30 days prior to examination.)

SIGNATURE OF DEAN Date Signed SEAL

PROGRAM NAME: _____

PROGRAM ADDRESS: _____

11. Do you have any pending or have you ever had any disciplinary action taken or charges filed against your dental license or other health related license? Yes No

Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a license.

12. Are there any pending investigations by any State or Federal agency against you? Yes No
If yes, provide a detailed explanation of circumstances surrounding the investigation

13. Have you ever been denied a dental license or permission to take a dental examination? Yes No
If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s)

14. Have you ever surrendered a dental license, either voluntarily or otherwise? Yes No
If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

15. Check the box next to "YES" if you have had any license disciplined by a government agency or have been convicted or plead guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. Yes No

You do not need to report a conviction or an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation and any other restriction.

Check the box next to "NO" if you have not had a license disciplined by another government agency and you have not been convicted of a crime.

If the answer is "Yes, provide the section of law violated, the nature of the violation, the location and date of the violation, and the penalty or disposition on a separate sheet and include with this application.

16. EXECUTION OF APPLICATION

I am the applicant for examination for licensure referred to above. I have read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed in _____ on the _____ of _____, 20____.

(City and State) (day) (month) (year)

(Signature of Applicant)

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and designated address of record listed on this application will be disclosed to the public upon request if and when you become licensed.