STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL OF THE DENTAL BOARD OF CALIFORNIA

PLEASE PRINT

NAME _____

ADDRESS*_____

PHONE NOS. (work) _____ (home) _____(cell)_____

EMAIL ADDRESS:_____

California License Type and Number: _____ Expiration date: _____

**** By law, all final candidate applications must be made available to the public in the published board materials. Applicants may provide alternate addresses or addresses of record in lieu of residential addresses. Phone numbers will be redacted prior to publication in Board meeting materials to protect an applicant's privacy.***

PLEASE READ THIS APPLICATION IN ITS ENTIRETY.

COUNCIL COMPOSITION: The Dental Assisting Council is a seven member Council created pursuant to Section 1742 of the Business and Professions Code. The members of the Council are appointed by the Board and shall include the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants.

RESPONSIBILITIES: The Council is to consider all matters relating to dental assistants in California and will make appropriate recommendations to the Board and the standing Committees of the Board including, but not limited to, the following areas:

- Requirements for dental assistant examination, licensure, permitting, and renewal.
- Standards and criteria for approval of dental assisting educational programs, courses, and continuing education.
- Allowable dental assistant duties, settings, and supervision levels.
- Appropriate standards of conduct and enforcement for dental assistants.
- Requirements regarding infection control.

QUALIFICATIONS: The Board will consider applications to appoint five (5) members to the Council. Applicants must meet the following minimum requirements to be eligible for appointment.

Two (2) of those members shall be employed as faculty members of a registered dental assisting educational program approved by the Board, and shall have been so employed for at least the prior five years. Three (3) of those members, which shall include one registered dental assistant in extended functions, shall be employed clinically in private dental practice or public safety net or dental health care clinics.

All five members shall have possessed a current and active registered dental assistant or registered dental assistant in extended functions license for at least the prior five years, and shall not be employed by a current member of the Board.

No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. Each member shall comply with conflict of interest requirements that apply to Dental Board members. Such requirements include prohibitions against members making, participating in making or in any way attempting to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any council member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. (Gov. Code, § 87100.)

All final candidate qualifications and applications for Board-appointed council members shall be made available in the published Board materials with final candidate selection conducted during the normal business of the Board during public meetings.

TERM OF OFFICE: Of the initial appointments, one member shall serve a term of one year, one member shall serve a term of two years, two members shall serve a term of three years, and one member shall serve a term of four years, as determined by the Board. After the initial appointments have expired, each new appointment will serve for a term of four years.

TRAVEL: The Council will meet approximately four times per year in conjunction with other board committees, and at other times as deemed necessary. Expenses necessarily incurred in the performance of official duties are reimbursed by the Dental Board of California in accordance with the Pocket Travel Guide published by the Office of Administrative Services, Accounts Payable Unit of the Department of Consumer Affairs. Council members receive $100 for each day actually spent in the discharge of official duties, as determined by the Board (Business and Professions Code section 103.)

OTHER TIME COMMITMENTS: Council members may be required to participate in Ethics Orientation and Sexual Harassment Prevention Training, and prepare and submit a financial disclosure statement that is filed with the Fair Political Practices Committee entitled "Form 700, Statement of Economic Interests."

IN ORDER TO ASSIST THE BOARD IN DETERMINING ELIGIBILITY FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL PURSUANT TO BUSINESS & PROFESSIONS CODE SECTION 1742, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you received a recommendation from any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state? If so please, please indicate which organization in the space below and provide a copy of such recommendation with this application.

_____

Have you been a faculty member of a registered dental assisting educational program approved by the Board for the past 5 years? If so, please provide the name and address of the program and dates of employment in the space below.

_____

Are you currently employed in a clinical position in a private practice, public safety net clinic, or dental health care clinic? If so, please provide the name and address of the facility by which you are employed in the space below.

_____

Have you maintained a current and active RDA or RDAEF license for the past 5 years?
Yes ☐ or No ☐ (please check one)

Are you employed by a current member of the Dental Board? Yes ☐ or No ☐ (please check one)

Have you served on the Dental Assisting Forum? Yes ☐ or No ☐ (please check one)

Do you have a financial interest in any registered dental assisting school? Yes ☐ or No ☐ (please check one). If yes, please indicate the name of the school in the space below and describe the nature of the financial interest (attach additional sheets if necessary).

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Are you willing to comply with conflict of interest requirements that apply to board members? Yes ☐ or No ☐ (please check one)

In a cover letter, please write a brief statement indicating why you wish to serve as a member of the Council.

Employment references, not to exceed three (3) will be accepted but are not required.

An interview may be done as part of the application process.

Notice on Collection of Personal Information

Collection and Use of Personal Information. The Dental Board of California collects the information requested on this form as authorized by Business and Professions Code Section 1742. The Board uses this information to evaluate applicants for appointment to the Dental Assisting Council of the Dental Board of California.

Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your address, home telephone number, or employment experience, you may do so. In that case, however, the Board may not be able to communicate with you regarding your qualifications for appointment or to consider your eligibility for appointment to the Council.

Access to Your Information. You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act (Civ.Code, §§1798 et seq.). See below for contact information.

Possible Disclosure of Personal Information.
We make every effort to protect the personal information you provide us. In order to evaluate and verify your application information, however, we may need to share the information you give us with businesses or organizations you have referenced in your application.
The information you provide may also be disclosed in the following circumstances:

• In response to a Public Records Act request, as allowed by the Information Practices Act;
• To another government agency as required by state or federal law;
• In response to a court or administrative order, a subpoena, or a search warrant; or,
• In Board meeting materials if selected as a final candidate for appointment (Bus.&Prof.Code, § 1742(c)).

Contact Information. For questions about this notice, the Department's privacy policy, or access to your records, you may contact the Board's Executive Officer at the address and telephone number listed at the top of this application.

I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT IF I AM SELECTED FOR APPOINTMENT I MUST EXECUTE AN OATH OF OFFICE AND WILL BE REQUIRED TO ABIDE BY THE LAWS AND RULES APPLICABLE TO OFFICERS OF THE STATE OF CALIFORNIA.

Signature _____ Date _____

APPLICATIONS MUST BE RECEIVED BY THE DENTAL BOARD BY MARCH 1, 2013

SUBMIT A COVER LETTER, COMPLETED APPLICATION, RESUME, AND ADDITIONAL EMPLOYMENT REFERENCES TO:

Karen M. Fischer, Interim Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
(916) 263-2300