

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR **DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815 P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



ODAL 9 MAYILLOFACIAL SUBCED	, Office Use Only
ORAL & MAXILLOFACIAL SURGERY ELECTIVE FACIAL COSMETIC SURGERY PERMIT APPLICATION	D:1 "
	Fee Paid: Initials:
Business and Professions Code, Section 1638-1638.5	FCS
	Permit#: Issued: Exp. Date:
NON-REFUNDABLE FILING FEES Application \$850	Exp. Date:
Full Name:	
Address of Record:	
Practice Address (if different):	
Telephone Number:	
CA Dental License #(s):	Date Issued:
Dental License #:	State(s) of Issuance:
Elective Facial Cosmetic Surgery Permit Qua	
Complete section 1, 2 (choosing either option A or B	
I. Oral and Maxillofacial Surgery Residency Prog	ram accredited by the CODA of the ADA:
Dates Attended:	,
Please include proof of certification of completion	of a CODA-approved residency program.
2. Option A: American Board of Oral and Maxillof	acial Surgery Status:
Date Certified:	
Re-Certification Date:	
Candidate for Certification:	
Enclose proof of certification or candidacy fo Maxillofacial surgery	r certification by the American Board of Oral and
(ii) Residency Program Director:	
and/or	
(ii) Fellowship Program Director:	
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(Enclose a letter either from the residency program director and/or from the director of your CODA-approved post-residency fellowship program, stating that you have the education, training, and competence necessary to perform the surgical procedures that you are requesting the permit for and intend to perform.)

(iii) Operative Reports:

Submit documentation of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that you intend to perform from the following categories:

- (I) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.
- (II) Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

(iv) Surgical Privileges

2.

Submit documentation showing all of the surgical privileges that you possess at any licensed general acute care

	•	tient surgical facility in this state.			
		osmetic contouring of the osteocartilaginous facial structure osmetic soft tissue contouring or rejuvenation			
	or limite	d to:			
Opt	tion B: Specific Surgical Pri	ivileges			
I II) ii)	to, rhinoplasty and otoplasty. Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited blepharoplasty, facial skin resurfacing, or lip augmentation				
",	Submit documentation of at	least 10 operative reports from residency training are representative of procedures that you intend to perform from both of			
I II)	rhinoplasty and otoplasty. Cosmetic soft tissue cont	oseocartilaginous facial structure, which may include, but is not to, ouring or rejuvenation, which may include, but is not limited to, facelift, resurfacing, or lip augmentation.			
l re	equest a permit for: 	Cosmetic contouring of the osteocartilaginous facial structure Cosmetic soft tissue contouring or rejuvenation			
	or limite	d to:			

3. Active Staff Status of an Acute Care Hospital

Submit documentation showing proof of your active status on the staff of a general acute care and that you maintain the necessary privileges based on the bylaws of the hospital to maintain that status.

4. Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

Yes:	No
165.	110

If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

ACCEPTABLE DOCUMENTATION

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the of "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category
 designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.
- 5. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

Yes: No:

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the attachments page of this application (you may be asked to submit original documentation).

- Certificate of marriage or domestic partnership or other legal union with an active duty member
 of the Armed Forces of the United States who is assigned to a duty station in this state under
 official active duty military orders.
- Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.
- 6. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?

Yes: No

MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application.

DD214 or other supporting documentation.

Certification - I certify under the penalty of perjury, under the law of the State of California that the information application and any attachments are true and correct.					
Applicant's Signature	 Date				

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, (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 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. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.