



APPLICATION TO ESTABLISH ELIGIBILITY FOR LICENSURE BY CREDENTIAL

Business & Professions Code 1635.5

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 Passport photo
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OFFICIAL USE ONLY
 Receipt# _____ RC# _____
 Fees: Application _____
 Fingerprints _____
 Date Cashiered _____

FEES (NON-REFUNDABLE): Application \$283
 Fingerprint Cards \$49
(If Live Scan, pay to Live Scan Processor)

See Instructions for completing and filing this application. Please read carefully and answer each question fully. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license. Verify that this is the most **recent** revision of the application.

You may attach supplemental pages to this application, if needed. Put your name at the top and clearly indicate which item(s) you are supplementing.

Please type or print legibly				
1. Name Last First Middle			Social Security Number	
2. List other names you have used. See Instructions for documents required.			4. Birthdate (Mo/Day/Yr) _____	
3. Address of Record (including City/State/Zip) The address of record will be released to the public upon request.			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email:			Telephone/FAX Numbers	
5. List state(s) in which you are, or have ever been, licensed to practice dentistry. You must have at least one active, current license to practice dentistry.			Dates of practice in licensing agency's jurisdiction	
State	License Number	Date of Issue	From (Mo/Yr)	To (Mo/Yr)

NOTE: See Instructions for ordering a certification of licensure from each state where you have been licensed.
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6. CLINICAL PRACTICE AND/OR SUBSTITUTE REQUIREMENTS – B&P 1635.5 (a)(1)
See Instructions for required documentation. Indicate your basis for qualifying:

- Clinical practice
- Residency + Clinical Practice
- Pending contract for clinical practice
- Pending contract for faculty practice

7. DENTAL EDUCATION:

Name and location of institution attended	Period of attendance (Show exact inclusive dates)	Degree, Diploma granted and date
		D.D.Sc. <input type="checkbox"/> D.M.D. <input type="checkbox"/>
		D.D.S. <input type="checkbox"/>
		Other(specify) _____
		Year degree awarded: _____

8. Have you taken and failed the California licensure examination or the Western Regional examination within five years of the date of this application? Yes No
9. Are you currently awaiting the results after having taken the California licensure examination or the Western Regional examination? Yes No
10. CONTINUING EDUCATION Provide copies of certificates of completion. Do not send originals. See Instructions for requirements.
11. Are you currently the subject of any investigation by any governmental entity? If yes, provide a detailed explanation of the circumstances surrounding the investigation. Yes No
12. Have you ever been denied a dental license or permission to take a dental examination? If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s). Yes No
13. Have you ever had charges filed against a dental license that you currently hold or held in the past, including charges that are still pending? If yes, provide detailed explanation and a copy of the documents relating to the filing of charges. Yes No
14. Have you ever had any disciplinary action taken against a dental license or other healing arts license? 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 dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action. Yes No
15. Have you ever surrendered a dental license, either voluntary or otherwise? If yes, provide a detailed explanation and a copy of all documents relating to the surrender. Yes No
16. Have you ever been the subject of a malpractice settlement or judgment? If yes, provide a detailed explanation of the circumstances and outcome relating to the malpractice settlement of judgement. You may be required to provide additional information after review of your explanation. Yes No

IMPORTANT REQUIREMENT: If a disciplinary action is filed against any license you currently hold pending the Board's decision on this application for a dental license, you must notify the Board in writing within 48 hours. **LBC-1 02/11**

17. With the exception of conviction of an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? Yes No
 "Conviction" includes a plea of no contest and any conviction that as been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.
18. Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)? If Yes, enter DEA number: Yes No
19. Has permission from the DEA to prescribe controlled substances ever been suspended, revoked or denied? Yes No
 If yes, provide a detailed explanation of the circumstances and a copy of the document(s).

NOTE: A license will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation. See Instructions for fingerprinting.

DECLARATION

I am the applicant for Licensure by Credential referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully, and completely.

My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any and all information required by the Dental Board of California.

I certify under penalty of perjury under the laws of the State of California and automatic forfeiture of my California dental license if one is issued that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

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 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. 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.