

9. 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

10. Are you currently awaiting the results after having taken the California licensure examination or the Western Regional examination? Yes No

11. Do you have any pending discipline, or have you ever had any disciplinary action taken or charges filed against a dental license or other healing arts license? Include any disciplinary actions, taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity? Yes No

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

13. 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

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

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

16. With the exception of a conviction for 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 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.

17. Are you in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code? Yes No

If yes, provide a detailed explanation.

NOTE: A license will not be issued until clearance has been received from the California Department of Justice (DOJ) and the Federal Bureau of Investigation. See DOJ’s Instructions for fingerprinting at www.dbc.ca.gov/applicants/fingerprinting.shtml

DECLARATION

Executed in _____, on the _____ Day of _____, 20 _____
City, State

I am the applicant for licensure referred to in this application. I have carefully 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 and automatic forfeiture of my California dental license, if one is issued, that the information I provided to the Board in this application and any attachments hereto is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

Important information: You must report to the Board the results of any action which have been filed or were pending at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant the Business & Professions Code, Section 480(c).