



APPLICATION FOR MOBILE DENTAL CLINIC PERMIT

All information requested in this application must be supplied by the applicant. Each question must be answered fully, and truthfully, and accurately. **ANY OMISSIONS OR INACCURACIES ARE GROUNDS FOR DENIAL.** The Dental Practice Act provides that a willfully false statement in a material regard is a **MISDEMEANOR**. If the space for any answer is insufficient, the applicant may complete his or her answer on a rider signed by him or her and specifying the number of the question to which it relates.

OFFICE USE ONLY	
Receipt No.: _____	ATS#: _____
Date Filed: _____	Fee Paid: _____
Permit No.: _____	Issue Date: _____
Exp. Date: _____	Denial Date: _____

Non-refundable fee: \$100.00

Complete this section if applying as a licensed dentist		
1. Name (last, first, middle)		
2. Mailing Address of record for Mobile Clinic:		
		,CA.
Number and Street	City	Zip
Telephone Number	CA dental license number	Social Security Number

3. Complete this section if applying as a property and casualty insurer		
Name of Business _____		
Business address:		
		,CA.
Number and Street	City	Zip
Telephone Number	CA dental license number	Social Security Number

4. Does the clinic have a written procedure of emergency follow-up care for patients treated in the Mobile Dental Clinic? The procedure should include arrangements for treatment in a dental care facility that is permanently established in the area. Yes No

5. Does the clinic have communication facilities in the Mobile Dental Clinic that will enable the operator to contact necessary parties in the event of a medical/dental emergency? Yes No

6. Does the Mobile Dental Clinic conform to all applicable federal, state, and local laws dealing with radiographic equipment, flammability, construction, sanitation and zoning, and posses all applicable county and city licenses or permits to operate a Mobile Dental Clinic? Yes No

7. Does the Mobile Dental Clinic have the following:

- 1. An access ramp or lift if services are provided to disabled persons? Yes No
- 2. An adequate, properly functioning sterilization system? Yes No
- 3. Access to an adequate supply of potable water, including hot water? Yes No
- 4. Ready access to toilet facilities? Yes No
- 5. A covered galvanized, stainless steel, or other non-corrosive metal container for deposit of refuse and waste materials? Yes No

Licensee Applicants

I am the applicant for a Mobile Dental Clinic permit; I have carefully read the questions in the foregoing applicants, 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.

Signature

Date

Property and casualty insurer applicants

The company named herein is the applicant for a Mobile Dental Clinic permit; as the authorizing official of said company, I have carefully read the questions in the foregoing applicant, 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.

Printed Name

Title

Contact telephone number(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 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 be made public.

Mobile Dental Clinic Permits

Business and Professions Code, Section 1658.8

"Notwithstanding any other provision of this chapter, a licensed dentist may operate a mobile dental unit provided by his or her property and casualty insurer as a temporary substitute site for the practice registered by him or her pursuant to Business and Professions Code, [Section 1650](#), if both of the following requirements are met:

- (a) The licensee's registered place of practice has been rendered and remains unusable due to loss or calamity.
- (b) The licensee's insurer registers the unit with the board in compliance with [Section 1657](#). "

Permits cannot be transferred.

Business and Professions Code, Section 1625

"Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:

- (a) By card, circular, pamphlet, newspaper or in any other way advertises himself or represents himself to be a dentist.
- (b) Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof.
- (c) In any way indicates that he will perform by himself or his agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture or other prosthetic appliance or orthodontic appliance.
- (d) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.
- (e) Manages or conducts as manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed. "

Business and Professions Code, Section 1650

"Every person who is now or hereafter licensed to practice dentistry in this state shall register on forms prescribed by the board, his or her place of practice with the Executive Officer of the State Board of Dental Examiners, or, if he or she has more than one place of practice, all of the places of practice, or, if he or she has no place of practice, to so notify the executive officer of the board. A person licensed by the board shall register with the executive officer within 30 days after the date of his or her license."

Business and Professions Code, Section 1657

"(a) A licensed dentist may operate one mobile dental clinic or unit registered as a dental office or facility. The mobile dental clinic or unit shall be registered and operated in accordance with regulations established by the board, provided these regulations are not designed to prevent or lessen competition in service areas. A mobile dental clinic or unit registered and operated in accordance with the board's regulations and that has paid the fees established by the board, including a mobile dental unit registered for the purpose specified in subdivision (d), shall otherwise be exempted from this article and Article 3.5 (commencing with Section 1658). (b) A mobile service unit, as defined in subdivision

(b) of Section [1765.105](#) of the Health and Safety Code, and a mobile unit operated by an entity that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code, are exempt from this article and Article 3.5 (commencing with Section 1658). Notwithstanding this exemption, the

owner or operator of the mobile unit shall notify the board within 60 days of the date on which dental services are first delivered in the mobile unit, or the date on which the mobile unit's application pursuant to Section [1765.130](#) of the Health and Safety Code is approved, whichever is earlier.

(c) A licensee practicing in a mobile unit described in subdivision (b) is not subject to subdivision (a) as to that mobile unit.

(d) Notwithstanding [Section 1625](#), a licensed dentist shall be permitted to operate a mobile dental unit provided by his or her property and casualty insurer as a temporary substitute site for the practice registered by him or her pursuant to [Section 1650](#) as long as both of the following apply:

(1) The licensed dentist's registered place of practice has been rendered and remains unusable due to loss or calamity.

(2) The licensee's insurer registers the unit with the board in compliance with subdivision (a)."

Health and Safety Code, Section 1765.105

"As used in this chapter, the following definitions shall apply:

(a) "Parent facility" means a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2, or a clinic licensed pursuant to Chapter 1 (commencing with Section 1200) of Division 2.

(b) (1) "Mobile service unit" or "mobile unit" means a special purpose commercial coach as defined in Section 18012.5, or a commercial coach as defined in Section 18001.8, that provides services as set forth in Section 1765.110, and meets any of the following criteria:

(A) Is approved pursuant to this chapter by the state department as a service of a licensed health facility, as defined in Section 1250.

(B) Is approved by the state department pursuant to this chapter as a service of a licensed clinic, as defined in Section 1200.

(C) Is licensed pursuant to this chapter by the state department as a clinic, as defined in Section 1200.

(D) Is licensed pursuant to this chapter as an "other" type of approved mobile unit by the state department. "Other" types of approved mobile units shall be limited to mobile units performing services within new health facility or clinic licensure categories created after the effective date of this chapter. The State Department of Health Services shall not create a new health facility or clinic licensure category under this subparagraph absent a legislative mandate.

(2) "Mobile service unit" or "mobile unit" does not mean a modular, relocatable, or transportable unit that is designed to be placed on a foundation when it reaches its destination, nor does it mean any entity that is exempt from licensure pursuant to Section 1206."

Health and Safety Code, Section 1765.130

(a) Any applicant under this chapter shall file with the state department an application. The application shall be on forms prescribed and furnished by the state department that shall contain any information as may be required by the state department for the proper administration and enforcement of this chapter.

(b) An applicant health facility or clinic pursuant to this chapter shall submit an application to the licensing and certification district office of the state department stating with specificity all of the following:

(1) The proposed service to be provided.

- (2) The expected hours and days of operation.
- (3) The type and the manufacturer of the mobile unit contemplated.
- (4) The proposed area or areas where the mobile unit will be providing services.
- (c) An applicant for licensure as an independently licensed clinic under this chapter shall submit a verified application to the state department on the appropriate forms for the type of clinic for which it wishes to obtain licensure.
- (d) Prior to granting approval to an applicant parent facility for operation of a mobile unit under the parent facility's existing licensure pursuant to this chapter, or prior to granting license for an independent mobile unit, the state department shall conduct an onsite inspection, including, but not limited to, a review of policies and procedures.
- (e) Supplemental services offered via mobile units shall be listed by the state department as an approved or supplemental service on the license of the parent facility.
- (f) Licenses issued by the state department authorizing operation of a mobile unit as an addition to existing parent facility licensure shall be posted at the parent facility. Licenses authorizing operation of a clinic as a mobile unit shall be posted at the administrative headquarters of the licensee. A true copy of the license shall be posted within the mobile unit."

Applying for a Mobile Dental Permit

The requirements for a mobile dental permit include, but may not be limited to:

1. A completed application form with fee
2. Non-refundable application fee: \$100