



## Application for Orthodontic Assistant Examination and Permit

FEES	
Application:	\$20.00
Written examination fees will be paid directly to PSI at a later date.	

*For Office Use Only*

Rec # \_\_\_\_\_

Fee Pd \_\_\_\_\_

Date \_\_\_\_\_

Cashiered: \_\_\_\_\_

ATS # \_\_\_\_\_

*For Office Use Only*

Date Received

**FEES ARE NON-REFUNDABLE**

*For Office Use Only*

Reviewed By: \_\_\_\_\_ QM: \_\_\_\_\_ Work Experience \_\_\_\_\_

Sch Code: \_\_\_\_\_ Grad Date: \_\_\_\_\_ Director \_\_\_\_\_

BLS/CPR  DPA  IC  FP  Existing License \_\_\_\_\_

(Please Print Clearly or Type)

1. SOCIAL SECURITY NUMBER	2. BIRTH DATE (MM/DD/YYYY)
3. LEGAL NAME: LAST	FIRST MIDDLE

4. LIST ANY OTHER NAMES USED:

5. MAILING ADDRESS: (The address you enter is public information and will be placed on the Internet pursuant to B&P Code section 27).	6. ALTERNATE ADDRESS: (If you do not want your home or work address available to the public, please provide an alternate mailing address).
7. TELEPHONE (INCLUDE AREA CODE)	WORK HOME

9. Have you been licensed to practice dental assisting, dental hygiene, dentistry or any other health profession in any state or foreign country?  Yes  No

Type of Practice: \_\_\_\_\_

License Number: \_\_\_\_\_

State/Country: \_\_\_\_\_

10. The following **MUST BE COMPLETED BY THE ORTHODONTIC ASSISTANT PROGRAM DIRECTOR:**

I HEREBY DECLARE under penalty of perjury under the laws of the State of California that

\_\_\_\_\_ began this program on \_\_\_\_\_ and  
(name of applicant) (mm/dd/yyyy)

matriculated in the below-named orthodontic assistant course on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF DIRECTOR Date Signed SEAL

PROGRAM NAME: \_\_\_\_\_

PROGRAM ADDRESS: \_\_\_\_\_

Name Of Certifying Licensed Dentist: \_\_\_\_\_  
Print or Type Name

Business  
Address/City/State/Zip: \_\_\_\_\_

Business  
Telephone: \_\_\_\_\_

**All applicants must have completed at least 12 months of work experience as a dental assistant. Currently licensed RDA's or RDAEF's do not need to have work experience verification.**

**DECLARATION OF CERTIFYING DENTIST**

I declare that \_\_\_\_\_ was employed by me as a dental assistant  
(type or print name of applicant)

working \_\_\_\_\_ hours per week from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in Business and Professions Code Section 1750.1(a) and (b) during a majority of the experience hours, and that the applicant, in my opinion, is competent to perform allowable Orthodontic Assistant duties. See page 4 for the allowable duties.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

\_\_\_\_\_  
Signature of Certifying Dentist Date Signed State Dentist is Licensed Dentist License No.

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11. Do you have any pending or have you ever had any disciplinary action taken or charges filed against your dental license or other health related license?  Yes  
 No

Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.

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 license.

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

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13. Have you ever been denied a dental license or permission to take a dental examination?  Yes  
 No  
If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s)

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

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15. Check the box next to "YES" if you have had any license disciplined by a government agency or have been convicted or plead guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies.  Yes  
 No

You do not need to report a conviction or an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation and any other restriction.

Check the box next to "NO" if you have not had a license disciplined by another government agency and you have not been convicted of a crime.

If the answer is "Yes, provide the section of law violated, the nature of the violation, the location and date of the violation, and the penalty or disposition on a separate sheet and include with this application.

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16. EXECUTION OF APPLICATION

I am the applicant for examination for licensure referred to above. I have 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 that the foregoing is true and correct.

Signed in \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

(City and State)

(day)

(month)

(year)

\_\_\_\_\_  
(Signature of Applicant)

## INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, 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. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. To comply each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

### Business and Professions Code 1750.1

1750.1. (a) A dental assistant may perform the following duties under the general supervision of a supervising licensed dentist:

(1) Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750.

(2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656.

(3) Perform intraoral and extraoral photography.

(b) A dental assistant may perform the following duties under the direct supervision of a supervising licensed dentist:

(1) Apply nonaerosol and noncaustic topical agents.

(2) Apply topical fluoride.

(3) Take intraoral impressions for all nonprosthodontic appliances.

(4) Take facebow transfers and bite registrations.

(5) Place and remove rubber dams or other isolation devices.

(6) Place, wedge, and remove matrices for restorative procedures.

(7) Remove post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.

(8) Perform measurements for the purposes of orthodontic treatment.

(9) Cure restorative or orthodontic materials in operative site with a light-curing device.

(10) Examine orthodontic appliances.

(11) Place and remove orthodontic separators.

(12) Remove ligature ties and archwires.

(13) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.

(14) Remove periodontal dressings.

(15) Remove sutures after inspection of the site by the dentist.

(16) Place patient monitoring sensors.

(17) Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chair side during this procedure.

(18) Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chair side during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

(c) Under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.

(d) The board may specify additional allowable duties by regulation.

(e) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do not include any of the following procedures unless specifically allowed by law:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, finishing, or removing permanent restorations.

(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.

(f) The duties of a dental assistant are defined in subdivision (a) of Section 1750 and do not include any duty or procedure that only an orthodontic assistant permit holder, dental sedation assistant permit holder, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

(g) This section shall become operative on January 1, 2010.