



## APPLICATION FOR REGISTERED DENTAL ASSISTANT (RDA) EXAMINATION AND LICENSURE

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.

Non-Refundable Fees	For Office Use Only	For Office Use Only
Application: \$120  A written examination fee will be required to be paid directly to PSI at a later date.	Rec # _____  Fee Paid: _____  Date Cashiered: _____  Entity # _____  File # _____	Date Received

*(Please print 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 ( <i>The address you enter is public information and will be placed on the Internet pursuant to B &amp; P Code 27</i> ):		
6. E-Mail Address:		
7. Home Telephone ( <i>Include area code</i> ):	8. Work Telephone ( <i>Include area code</i> ):	
9. Have you been licensed to practice dental assisting, orthodontic assisting, dental sedation assisting, dental hygiene, dentistry or any other health care profession in California, any other state, or foreign country?	Yes	No
Type of Practice:	License Number:	State/Country:

10. Have you ever had any disciplinary action taken or charges filed against your dental license or other health related license by a government agency? Yes  
No

“License” includes permits, registrations, and certificates. Include any disciplinary actions taken by this agency, any other state agency, any U.S. territory, 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 dental or health-related license that was issued to you.

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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11. Have you ever had a dental or other health-related license denied in this state or any other state? Yes  
No

If “yes”, provide a detailed explanation of circumstances surrounding the denial, including the date of the denial, type of application, and the basis for the denial. Include a copy of any document(s) you received from the agency denying your application(s).

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12. Have you ever surrendered a dental license, either voluntarily or otherwise? Yes  
No

If “yes”, provide a detailed explanation of the circumstances, including the date of the surrender, the reason for the surrender and a copy of all documents relating to the surrender.

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13. Check the box next to “YES” if you have been convicted or plead guilty to any crime in any state, the USA and its territories, military court or foreign country. Yes  
No

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

You do not need to report traffic infractions with a fine of less than \$1,000 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.

If you answer “Yes”, providing the following information will assist in the processing of your application:

1) certified copies of the arresting agency report; 2) certified copies of court documents; and 3) a descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of the incident(s) and all circumstances surrounding the incident(s)). If documents were purged by the arresting agency or court, a letter of explanation from these agencies is required to complete the processing of your application.

Check the box next to “No” if you have not been convicted of a crime.

**FAILURE TO DISCLOSE A DISCIPLINARY ACTION OR CONVICTION MAY RESULT IN THE LICENSE BEING DENIED OR REVOKED FOR DISHONESTY OR FRAUD IN THE PROCUREMENT OF A LICENSE.**

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14. EVIDENCE OF COMPLETION OF REQUIRED CERTIFICATIONS

Candidates for the RDA examination must submit evidence of having completed the following Board-approved courses: *(check all requirements completed) Evidence of completion shall be attached to the application.*

<i>Radiation Safety (32-hour course)</i>	<i>Coronal Polishing (16-hour course)</i>	<i>Infection Control (8-hour course)</i>	<i>CA Dental Practice Act (2 hour course)</i>	<i>Basic Life Support (AHA/ARC)</i>	<i>Live Scan Form</i>

15. 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/State) (Day) (Month) (Yr)

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

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the 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 for licensure pursuant to Business and professions Code sections 1752.1 and 1752.3, issue and renew licenses, and enforce licensing standards set by law and regulation. 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. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. We make every effort to protect the personal information you provide us. However, in accordance with Section 27 of the Business and Professions Code, your name and mailing address listed on this application will be disclosed to the public upon request or through license verification on the Board’s web site, if and when you become licensed. Other information you provide may be disclosed in the following circumstances: (1) in response to a Public Records Act request (Government Code section 6250 and following), as allowed by the Information Practices Act (Civil Code section 1798 and following); (2) to another government agency as required by state or federal law; or (3) in response to a court or administrative order, subpoena or search warrant.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Applicant Submission

A0023 License
ORI (Code assigned by DOJ) Authorized Applicant Type

Registered Dental Assistant
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Dental Board of California 06129
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
2005 Evergreen Street, Suite 1550 Examination Unit
Street Address or P.O. Box Contact Name (mandatory for all school submissions)
Sacramento CA 95815 (916) 263-2300
City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix
Other Name (AKA or Alias) Last First Suffix
Date of Birth Sex Male Female
Height Weight Eye Color Hair Color
Place of Birth (State or Country) Social Security Number
Home Address Street Address or P.O. Box
City State ZIP Code

Your Number: RDA
OCA Number (Agency Identifying Number)

Level of Service: [X] DOJ [X] FBI

If re-submission, list original ATI number:
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name Mail Code (five digit code assigned by DOJ)
Street Address or P.O. Box
City State ZIP Code Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator Date
Transmitting Agency LSID ATI Number Amount Collected/Billed

PRINT COMPLETED DOCUMENT IN TRIPLICATE BEFORE LIVE SCAN APPOINTMENT:
Copy 1 - Live Scan Operator Copy 2 - Dental Board Copy 3 - Applicant Copy