



**IF APPLICABLE, YOUR ATTORNEY'S NAME,
ADDRESS AND PHONE.**

PETITION OF:	
NAME	_____
ADDRESS	_____ _____
TELEPHONE	_____
CALIFORNIA LICENSE NO.	_____
DATE OF BIRTH	_____

PETITION FOR:

- REINSTATEMENT OF REVOKED OR SURRENDERED LICENSE
- MODIFICATION OF PROBATION
- TERMINATION OF PROBATION

PLEASE TYPE OR PRINT LEGIBLY

EFFECTIVE DATE OF DISCIPLINE	ELAPSED PERIOD TO NOW	DENTAL BACKGROUND A. SPECIALTY, IF ANY BOARD ELIGIBLE <input type="checkbox"/> BOARD CERTIFIED <input type="checkbox"/> IF CERTIFIED, YEAR CERTIFIED _____
CAUSE FOR DISCIPLINE		
PERIOD OF PROBATION (IF ANY)	TIME OF PROBATION REMAINING	B. CURRENT TYPE OF PRACTICE (Solo, Group, HMO, Govt., etc.)
_____ YEARS	_____ YEARS _____ MONTHS	NAME AND LOCATION OF PRACTICE
ANY PRIOR PETITION HEARINGS IN CALIFORNIA OR IN ANOTHER STATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, GIVE HISTORY IN NARRATIVE STATEMENT INCLUDING DATES OF PRIOR DECISIONS, CAUSES AND PENALTIES.		
ANY PRIOR DISCIPLINE (OTHER THAN THE LATEST) IN CALIFORNIA OR IN ANOTHER STATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, GIVE HISTORY IN NARRATIVE STATEMENT INCLUDING DATES OF PRIOR DECISIONS, CAUSES AND PENALTIES.		

TOTAL YEARS OF DENTAL PRACTICE _____ WHEN FIRST LICENSED IN CALIFORNIA _____ CURRENTLY LICENSED IN OTHER STATES OR COUNTRIES – LIST THEM	EMPLOYMENT HISTORY FOR PAST (5) YEARS NAME & ADDRESS _____ DATES _____
IF NOT PRACTICING DENTISTRY NOW, LIST YOUR CURRENT OCCUPATION, EMPLOYER AND ADDRESS	_____ DATES _____
<p>SINCE THE EFFECTIVE DATE OF YOUR LATEST DISCIPLINARY DECISION, HAVE YOU BEEN INVOLVED IN ANY OF THE FOLLOWING SITUATIONS?</p> NO <input type="checkbox"/> YES <input type="checkbox"/> (A) ON CRIMINAL PROBATION OR PAROLE CURRENTLY?	<p>THE ATTACHED EXHIBITS ARE INCORPORATED AND MADE APART OF THIS PETITION. PLEASE PROVIDE ALL OF THE LISTED EXHIBITS.</p> <p>EXHIBITS</p> <p>A. NARRATIVE STATEMENT</p> <p>B. VERIFIED RECOMMENDATIONS FROM DENTISTS HOLDING CALIFORNIA LICENSES.</p> <p>C. COPY OF THE LATEST DENTAL DESCIPINARY DECISION AGAINST YOU AND COPIES OF PRIOR DECISIONS IF ANY.</p> <p>D. COPIES OF PRIOR PETITION DECISIONS IF ANY.</p>
NO <input type="checkbox"/> YES <input type="checkbox"/> (B) CHARGED IN ANY PENDING CRIMINAL ACTION?	<p>DECLARATION UNDER PENALTY OF PERJURY</p> <p>I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING, AND ANY ATTACHMENTS, IS TRUE AND CORRECT.</p>
NO <input type="checkbox"/> YES <input type="checkbox"/> (C) CONVICTED OF ANY CRIMINAL OFFENSE? (A CONVICTION INCLUDES A NO CONTEST PLEA. DISREGARD TRAFFIC OFFENCES OF \$100 FINE OR LESS)	<p>DATE _____ PETITIONER SIGNATURE _____</p>
NO <input type="checkbox"/> YES <input type="checkbox"/> (D) CHARGED OR DISCIPLINED BY ANY BOARD?	
NO <input type="checkbox"/> YES <input type="checkbox"/> (E) DISCIPLINED BY ANY HOSPITAL AS TO STAFF PRIVILEGES?	
NO <input type="checkbox"/> YES <input type="checkbox"/> (F) HAD ANY CIVIL MALPRACTICE CLAIMS FILED AGAINST YOU OF \$3,000 OR MORE?	
NO <input type="checkbox"/> YES <input type="checkbox"/> (G) ADDICTED OR HABITUATED TO ALCOHOL OR DRUGS?	
NO <input type="checkbox"/> YES <input type="checkbox"/> (H) HOSPITALIZED FOR ALCOHOL OR DRUG PROBLEMS OR FOR MENTAL ILLNESS?	
IF YOU ANSWER IS YES TO ANY OF THE ABOVE, PLEASE PROVIDE EXPLANATORY DETAILS IN THE ATTACHED NARRATIVE STATEMENT.	

NARRATIVE STATEMENT

EXHIBIT A

Petitioner Packet Checklist

Required Documentation	
Application Completed	
Application Signed	
Application has a Current Date	
Application Complies with B&P 1686	
Narrative Statement Provided	
Copy of Original Decision Provided	
Proof of Rehabilitation (current dates)	
Proof of Continuing Education (current dates)	
Letters of Recommendation (signed under penalty of perjury)	
Letter(s) have Current Date(s) & Signed	
Copy of Dental Board Decision & Order (include Order if disciplined by another state)	
Documentation of Compliance (with criminal probation/parole)	
One original and three copies of the entire application	
Copy of Live Scan Form	