



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.  
**DENTAL BOARD OF CALIFORNIA**  
 2005 Evergreen Street, Suite 1450, Sacramento, CA. 95815  
 T (916) 263-2300 F (916) 263-2347 [www.dbc.ca.gov](http://www.dbc.ca.gov)



**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 _____ _____
SINCE THE EFFECTIVE DATE OF YOUR LATEST DISCIPLINARY DECISION, HAVE YOU BEEN INVOLVED IN ANY OF THE FOLLOWING SITUATIONS? NO <input type="checkbox"/> YES <input type="checkbox"/> (A) ON CRIMINAL PROBATION OR PAROLE CURRENTLY?  NO <input type="checkbox"/> YES <input type="checkbox"/> (B) CHARGED IN ANY PENDING CRIMINAL ACTION? 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)  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?	THE ATTACHED EXHIBITS ARE INCORPORATED AND MADE APART OF THIS PETITION. PLEASE PROVIDE ALL OF THE LISTED EXHIBITS.  EXHIBITS A. NARRATIVE STATEMENT B. VERIFIED RECOMMENDATIONS FROM DENTISTS HOLDING CALIFORNIA LICENSES. C. COPY OF THE LATEST DENTAL DISCIPLINARY DECISION AGAINST YOU AND COPIES OF PRIOR DECISIONS IF ANY.  D. COPIES OF PRIOR PETITION DECISIONS IF ANY.
IF YOU ANSWER IS YES TO ANY OF THE ABOVE, PLEASE PROVIDE EXPLANATORY DETAILS IN THE ATTACHED NARRATIVE STATEMENT.	DECLARATION UNDER PENALTY OF PERJURY  I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING, AND ANY ATTACHMENTS, IS TRUE AND CORRECT.
	DATE _____ PETITIONER SIGNATURE _____

NARRATIVE STATEMENT

EXHIBIT A

## Petitioner Packet Checklist

<b>Required Documentation</b>	
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	



Applicants for Reinstatement of a Revoked or Surrendered License or  
Modification/Termination of a Probationary Order

The purpose of filing a petition is to give you, the petitioner, an opportunity to have an administrative hearing before an administrative law judge to address the Board's concerns for consumer safety before determining whether your petition is granted. The petition process involves submission of an application and presentation of evidence of rehabilitation at an administrative hearing. **Should your license be reinstated, a statutory licensing fee will be due and payable at that time.**

To assist you in the process, the following items are enclosed:

- Instructions
- Petition Application with Checklist

Please review the instructions for petitioning carefully prior to completing the application and prior to your hearing. Forward your documents to the Board's Discipline Coordinator at the address listed below. Upon receipt of the petition, it will be submitted for investigation. The investigation should take approximately 120 days. Thereafter, the petition will be forwarded to the Office of the Attorney General closest to your location and a hearing date will be set. The wait for a hearing date may vary depending on the availability of an administrative law judge.

If you have any questions regarding the petition process or if you have a change of mailing address during the process, please contact:

DENTAL BOARD OF CALIFORNIA  
2005 Evergreen Street, Suite 1450  
Sacramento, CA 95815

(916) 263-2300  
Toll Free (877) 729-7789

## INSTRUCTIONS

The following information is provided to facilitate your petitioning the Board for either reinstatement of your license or modification/termination of your probation. **Carefully read all instructions before completing your petition.** It is **YOUR RESPONSIBILITY** to provide evidence that it will be safe for consumers if your petition is granted.

**1. DETERMINE YOUR ELIGIBILITY** If your Order was effective on or after March 30, 1994\*\* you may petition the Board based upon the following timeframes.

- a. At least three years for reinstatement of a license revoked or surrendered for unprofessional conduct.
- b. At least two years for early termination of probation of three years or more.
- c. At least one year for modification of a probation Order, or reinstatement of a license revoked or surrendered for mental or physical illness, or termination of a probation of less than three years.

*\*\* For Orders effective prior to March 30, 1994, petitions may be filed one year after the effective date.*

The EFFECTIVE DATE is on the document you received outlining the action taken against your license. However, if a stay order was issued, the effective date will be the date of the final decision in the matter. If you are uncertain about this date, call our Sacramento office (916) 274-6326.

**2. SUBMIT THE FOLLOWING. Submit the original and three (3) clear copies.**

- a. The petition form, completely filled in and signed, **using blue ink.** Attach the Board's disciplinary action for which this petition is being filed, including the Accusation, Petition to Revoke Probation, if applicable, and the resultant Decision.
- b. Any other prior discipline taken against your license. Include the Accusation(s), Supplemental Accusation(s), if applicable, Petition(s) to Revoke Probation, if applicable, and the resultant Decision.
- c. A listing of all continuing education courses you have successfully completed since your license was disciplined. The list should show the number of units earned per course, and the total for all courses listed. Provide evidence to support your listing.
- d. Narrative statement.

- e. Evidence to support any statements you make in your petition and in your narrative statement.
- f. **PETITION FOR REINSTATEMENT (only). If you are seeking the reinstatement of a revoked or surrendered license, your fingerprints must also be taken or submitted as follows:**

### **Live Scan Method**

Live Scan is available only in California, for either residents or visitors, and is more efficient than the Ink on Cards method. To use the Live Scan method, download the [Live Scan-DDS form or RDA](#) complete it and take it to a Live Scan service [location](#). You will pay for the scan at the time your electronic prints are taken by the agency you select for the scan. Your fingerprints will be taken electronically, without ink, and transmitted to the California Department of Justice (DOJ); the DOJ will send their report to the Dental Board. Usually the report is received within seven days. There is a low rate of rejections with this method. If you use Live Scan, you will not submit any fingerprint fees to the Dental Board.

### **Ink on Cards Method**

If you are not able to be fingerprinted in California, you may go to a law enforcement agency to have fingerprints taken. Two (2) cards, provided by the Dental Board, are required. Be sure to type or print legibly in black ink, completing all the areas on both cards asking for personal information. Ensure they are dated and signed by the official taking the fingerprints and include your signature. Include the two (2) cards in your application with a \$49 non-refundable processing fee. Reports on some cards are received within a month after submission. Others may take many months depending on factors beyond the control of the Dental Board.

To receive a set of fingerprint cards, contact the Dental Board by email, [dentalboard@dca.ca.gov](mailto:dentalboard@dca.ca.gov), or call (916) 263-2300.

**EVIDENCE** The following are examples of appropriate evidence:

- Employment history  
If you are applying for reinstatement, you must provide evidence to support **all** employment since revocation or surrender, including information regarding your current occupation. Include statements from current and former employers, signed under the penalty of perjury\*,

outlining your duties and the period of employment. Provide a contact address and phone number for each former or current employer.

If you are petitioning the Board to terminate or modify your probation, you must provide employment history, as outlined above, for the last five years.

- **Recommendations**  
Letters of recommendation or statements must be from persons in positions of authority who have on-the-job knowledge of your current dental competence. Letters or statements should include the period of time and the capacity in which the person has worked with you, and be signed under the penalty of perjury\*. Letters should include a contact address and phone number.
- **Rehabilitation**  
As appropriate, include recent letters from counselors regarding your participation in rehabilitation programs. These letters should include a description of the program, the credentials of the counselor, your diagnosis, the number of sessions you have attended, the counselor's basis for determining improvement, and any recommendation from the counselor. Letters should include a contact address and phone number.
- **Support Groups**  
As appropriate, Provide documentation of your participation in support Groups, e.g., Alcoholics Anonymous, Narcotics Anonymous, dental peer support groups, etc.
- **Continuing Education**  
As evidence of your continuing education you must submit original certificates or transcripts. Be sure you have signed the certificates, where applicable.

**\*A statement made under penalty of perjury must contain the following, placed just above the date/signature of the person responsible for the statement:**

**"I declare under the penalty of perjury under the laws of the State of \_\_\_\_\_ that the foregoing and my attachments, if provided, are true and correct."**

## **NARRATIVE STATEMENT SHEET**

For all cases, attach a narrative sheet to your petition stating your position. Try to be brief and concise in stating what you want and the reasons you think your request should be granted. Give a brief factual description of the offense that was the basis of the discipline for which this petition is filed. If applicable, give a brief history of any prior discipline and/or prior petitions.

**For reinstatement petitions**, indicate how long your license has been revoked or surrendered, and how you have earned a living since. Also include what aspect of your rehabilitation you feel will protect against a re-occurrence of your prior conduct. Discuss what your plans are if your license is reinstated, including where you will practice; what type of practice, i.e., individual or group.

**For termination petitions**, indicate how long you have served on probation and how much time remains. Also state the compelling reasons for termination of probation and include how you feel you have been rehabilitated in less time than was originally set for the probation period.

**For modification petitions**, pinpoint the probation condition you want changed. If the condition paragraph is short, set it out verbatim; if it is long, refer to it by page and condition number. Also state how you want the terms and conditions to be changed.

UNSUBSTANTIATED STATEMENTS MADE IN THIS PETITION WILL NOT BE CONSIDERED.

***Reminder: Original documents must be submitted with the original petition packet.***

**SUBMIT THE ORIGINAL DOCUMENTS TOGETHER WITH 3 CLEAR COPIES.**

## **ADMINISTRATIVE HEARING**

An administrative law judge will conduct the hearing. The deputy attorney general for the Board will make a statement outlining all disciplinary actions taken against your license.

You may be asked to state in your own words what you have done towards rehabilitation and to maintain current dental knowledge and skills. Be prepared to make such a statement. The judge, and the Board's attorney may ask some questions to clarify your statements.

You may have an attorney present on your behalf, but this is not required. Persons may speak on your behalf; however, their testimony should be directed specifically toward your dental competence and rehabilitation.

You will not be allowed to re-litigate any prior disciplinary action taken against your license. That matter has already been decided and is final. Your task now is to prove that public safety would not be diminished by the granting of your petition.

Once the Board forwards the petition package to the Office of the Attorney General, you will be notified of the date and time for the hearing. After the hearing is completed, the administrative law judge will forward a Proposed Decision to the Board. The Proposed Decision becomes public 30 days after it is received by the Board unless the Board has acted on it. You will receive a copy once the Proposed Decision becomes public or when the Board acts on the Proposed Decision.

### **INFORMATION COLLECTION AND ACCESS**

Agency requesting information: Department of Consumer Affairs, Dental Board of California, 2005 Evergreen Street, Suite 1450, Sacramento, CA 95815, (916) 263-2024.

The information in this application is mandatory and is maintained by the Executive Officer in accordance with the Business and Professions Code, Division 2, Chapter 4, Section 1600 et. seq. The information requested will be used to determine eligibility for reinstatement of a license or reduction/modification of penalty. Failure to provide all or any part of the requested information will result in the application being rejected as incomplete.

Each individual has the right to review the personal information maintained on them by the agency unless the records are exempt from disclosure.

(Rev. 4/12)

**Business and Professions Code, Section 1686**  
**Criteria for reinstatement or modification of penalty**  
**for a disciplined license.**

A person whose license, certificate, or permit has been revoked or suspended or who has been placed on probation may petition the board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:

(a) At least three years for reinstatement of a license revoked for unprofessional conduct.

(b) At least two years for early termination of probation, or modification of a condition of probation of three years or more.

(c) At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination of probation of less than three years.

The petition shall state any fact required by the board.

The petition may be heard by the board, or the board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code.

In considering reinstatement or modification or penalty, the board or the administrative law judge hearing the petition may consider (1) all the activities of the petitioner since the disciplinary action was taken, (2) the offense for which the petitioner was disciplined, (3) the petitioner's activities during the time the license, certificate, or permit was in good standing, and (4) the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the board or the administrative law judge as designated in Section 11371 of the Government Code finds necessary.

The board or the administrative law judge may impose necessary terms and conditions on the licensee in reinstating a license, certificate, or permit or modifying a penalty.

No petition under this section shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

Nothing in this section shall be deemed to alter Sections 822 and 823.

(Added by Stats. 1994, Ch. 26, Effective March 30, 1994)

## **TITLE 16--ADMINISTRATIVE CODE**

### **CHAPTER 10--BOARD OF DENTAL EXAMINERS**

#### **SECTION 1020(c) REHABILITATION CRITERIA FOR PETITION FOR REINSTATEMENT**

When considering a petition for reinstatement of license, the Board shall evaluate evidence of rehabilitation, considering those criteria of rehabilitation listed in subsection (b) of Section 1020.

SECTION 1020 (b)--When considering the suspension or revocation of a license on the grounds of conviction of a crime, the Board, in evaluating the rehabilitation of such person and his present eligibility for a license will consider the following criteria:

- (1) The nature and severity of the act(s) or offense(s);
- (2) Total criminal record;
- (3) The time that has elapsed since commission of the act(s) or offense(s);
- (4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee;
- (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code;
- (6) Evidence, if any of rehabilitation submitted by the licensee.