



## APPLICATION FOR SPECIAL PERMIT

Business & Professions Code 1640-1642 Title 16 CCR 1027-1027

<p><b>FEES</b></p> <p>Application Fee: <b>\$1000</b>          Fingerprint Fee: \$49          (Livescan applicants pay fee at the time of service)</p> <p><b>ALL FEES ARE NON-REFUNDABLE</b></p>
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<p><b>FOR OFFICE USE ONLY</b></p> <p>Receipt _____ File # _____          Fee Paid _____ Exp. Date _____          Date Cashiered _____          SP# _____ Approval Date _____</p>
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**See Information** 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.

Please type of print legibly

Name: Last		First		Middle	
List other names you have used, including maiden name: (If change was made by a court order, attach a Certified Copy)					
Address of Record/Street*		City		State Zip	
Birthdate (MM/DD/YYYY)		Gender: (Circle One)		Social Security No. Telephone Number	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Email Address					
School of Dentistry with which applicant has a current or pending employment contract.			Name of the specialty or discipline you will be practicing.		
University of Southern California University of California, San Francisco University of California, Los Angeles University of the Pacific Loma Linda University Western University of Health Sciences			Status of employment: <input type="checkbox"/> Full-Time Professor <input type="checkbox"/> Full-Time Associate Professor <input type="checkbox"/> Full-Time Assistant Professor		

\* Your address of record is public information and will be placed on the Board's web site and provided to the public upon request.

**Dental Education**

Name & Location of institution attended	Period of Attendance (Month/Year)	Degree Awarded	Date Awarded

**Post Graduate Study – provide copies of completion certificates**

1. \_\_\_\_\_  
 Name of Institution attended                      Location                      Completion date

\_\_\_\_\_  Board eligible  Diplomate  Other  
 Name of specialty

2. \_\_\_\_\_  
 Name of Institution attended                      Location                      Completion date

\_\_\_\_\_  Board eligible  Diplomate  Other  
 Name of specialty

**Advanced Dental Education Program at a dental college approved by the Board – provide copies of completion certificates.**

1. \_\_\_\_\_  
 Name of Institution attended                      Location                      Completion date

\_\_\_\_\_   
 Name of discipline

2. \_\_\_\_\_  
 Name of Institution attended                      Location                      Completion date

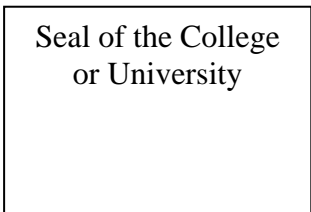
\_\_\_\_\_   
 Name of discipline

**Have you ever been issued a dental license in any State or Country?  
 If yes, submit a copy of your license.**

STATE OR COUNTRY	LICENSE NUMBER	ISSUE DATE
_____	_____	_____
_____	_____	_____

Certification of Dean of Dental College where dental degree was earned:  
 I hereby certify under penalty of perjury under the laws of the State of California that

\_\_\_\_\_ Matriculated in the \_\_\_\_\_  
 Dental College the \_\_\_\_\_ Day of \_\_\_\_\_, and attended \_\_\_\_\_ Years  
 Graduating with the degree of \_\_\_\_\_ On the date of \_\_\_\_\_ In the year \_\_\_\_\_



\_\_\_\_\_  
 Signature of Dean

Do you have any pending or have you ever had any disciplinary action taken or charges filed against a dental license or other healing arts license? 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 of action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

Yes  
No

Are there any pending investigations by any State or Federal agencies against you? If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s).

Yes  
No

Have you ever been denied a dental license or permission to take a dental examination? If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).

Yes  
No

Have you ever surrendered a license, either voluntarily or otherwise? If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

Yes  
No

Are you in default on a United State Department of Health and Human services education loan pursuant to Section 685 of the Code? If yes, provide a detailed explanation.

Yes  
No

With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? "Conviction" included a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

Yes  
No

If yes, provide a detailed explanation and copy of all documents relating to the conviction(s).

Yes  
No

Executed in \_\_\_\_\_ , on the \_\_\_\_\_ Day of \_\_\_\_\_ , 20 \_\_\_\_\_  
City

I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully, and completely.

I certify under the penalty of perjury under the laws of the State of California and automatic forfeiture of my California dental license if one is issued that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Important Information: You must report the Board the results of any actions which have been filed or were pending at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to 480 (c) of the Business & Professions Code.**

**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, under limited circumstances be made public.