



APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (WREB)

FEES

Application Fee: \$100.00
 Fingerprint Fee: \$49.00
 (Livescan applicants pay fee at time of service)

ALL FEES ARE NON-REFUNDABLE

For Office Use Only

ATS# _____
 REC# _____
 Fee Pd _____
 Date Cashiered _____

For Office Use Only

Received

QM _____	Reviewed By: _____	FP _____	DC _____
Conf Sent _____	WREB score _____	NB _____	LC _____
Def Sent _____	CBT Notify _____	SCH CODE _____	Law P/F _____
DOJ _____	FBI _____	YG _____	Ethics P/F _____
ATI _____	ENF _____		

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(Please type or print neatly)

1. LEGAL NAME:	LAST	FIRST	MIDDLE	U.S. Social Security Number
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2. List other names you have used: _____

3. Address:	Street	City	State	Zip Code
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4. Mailing Address:	Street	City	State	Zip Code
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5. Birthdate MM/DD/YR	Sex	TELEPHONE NUMBER	
	Male <input type="checkbox"/> Female <input type="checkbox"/>	Day	Evening

6. Do you have a certified disability or condition that requires special accommodations for testing? YES NO

If yes, fax the Board for a "REQUEST FOR ACCOMODATION" packet.

7. Have you previously taken the California Law and Ethics Examination? YES NO

8. Have you ever been issued a dental license in any State or Country? YES NO

If yes, a Certification of License must be submitted for each State/country

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

Passport style Photograph

TAPE PHOTO
HERE

9. DENTAL EDUCATION:

Name and Location of institution(s) attended

Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted

DATE GRANTED _____

D.D.Sc.

D.D.S.

D.M.D.

Other (please specify) _____

10. POSTGRADUATE STUDY:

Name and Location of Institution(s) attended

Period(s) of attendance (show dates MM/YYYY)

Are you a Diplomate? YES NO

Name of Specialty Board

11. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HERE BY CERTIFY THAT _____

Full Name of Student

matriculated in the _____

Name of University

Dental College the _____ day of _____ and attended _____ years,

Has completed the clinic and didactic requirements and

HAS GRADUATED, OR WILL GRADUATE OR IS EXPECTED TO GRADUATE* with the

Degree of D.D.Sc., D.D.S., D.M.D. on the _____ day of _____

(SEAL OF
COLLEGE OR
UNIVERSITY)

SIGNATURE OF DEAN

***The Dean must certify actual graduation, if certification is signed that applicant will graduate or is expected to graduate. Certification must be completed on official school letterhead including the Dean's signature and seal of the Dental School.**

12. Do you have any pending or have you ever had any disciplinary action taken or changes 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 government entity Yes

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. No

13. Are there any pending investigations by any State or Federal agencies against you? Yes

If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s). No

14. Have you ever been denied a dental license or permission to take a dental examination? Yes

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s). No

15. Have you ever surrendered a license, either voluntarily or otherwise? Yes

If yes, provide a detailed explanation and a copy of all documents relating to the surrender. No

16. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the Code? Yes

If yes, provide a detailed explanation. No

17. 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? Yes

"Conviction" includes a plea of no contest and any conviction that 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. No

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

19. 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 penalty of perjury under the laws of the State of California 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 to the Board the results of any actions which have been filed or were pending against any dental license you hold 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 Section 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. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.