



**APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (WREB) AFTER SUCCESSFUL COMPLETION OF THE RESTORATIVE TECHNIQUE EXAMINATION**

**FEES**

Application Fee: \$100.00

**FEES ARE NON-REFUNDABLE**

**For Office Use Only**

ATS# \_\_\_\_\_  
 REC# \_\_\_\_\_  
 Fee Pd \_\_\_\_\_  
 Date Cashiered \_\_\_\_\_

**For Office Use Only**

**Received**

QM _____	Reviewed By: _____	Passed RT Exam _____	
Conf Sent _____	WREB Score _____	Law P/F _____	Ethics P/F _____
Def Sent _____	CBT Notify _____		
<b>For Office Use Only</b>			

(Please type or print neatly)

1. LEGAL NAME: LAST FIRST MIDDLE U.S. Social Security Number

2. List other names you have used:

3. Address: Street City State Zip Code

4. Mailing Address: Street City State Zip Code

5. Birthdate MM/DD/YR Sex TELEPHONE NUMBER  
 Male  Female  Day Evening

Date and Examination site of successful completion of the RT exam:

7. have you previously take the California Law and Ethics Examination?  Yes  No

If yes, When was exam taken (mm/yy)

8. Do your religious beliefs preclude you from being scheduled on Saturday or Sunday for examination?  
 Please specify day  Saturday  Sunday  Yes  No

9. Do you have a certified disability or condition that requires special accommodations?  
 If yes, fax the Board for a "REQUEST FOR ACCOMMODATION" packet.  Yes  No

10. Have you ever been issued a dental license in any State or Country?  
 Certification of License must be submitted for each State/Country.  Yes  No

STATE OR COUNTRY

LICENSE NUMBER

ISSUE DATE

**SINCE THE TIME OF YOUR ORIGINAL AND/OR LAST APPLICATION WAS SUBMITTED:**

11. Do you have any pending of have you ever had any disciplinary action taken or changes filed against a dental license of 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

12. 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

13. 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

14. 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

15. 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

16. 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).

17. 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 480 © 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.