



DENTAL ASSISTING PROGRAM RENEWAL DECLARATION FORM

License Type:	<input type="checkbox"/> RDA	<input type="checkbox"/> RDAEF	<input type="checkbox"/> DSA	<input type="checkbox"/> OA	License No: _____
Full Name:	_____				
Mailing Address:	_____				
City, State, Zip:	_____				

Your application for renewal has been received and cashiered. Your renewal license is being HELD due to an incomplete renewal application.

To complete your renewal, please complete items 1 – 5 below and submit this form to the Dental Board of California. Attn: Dental Assisting Program, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815 or fax to (916) 274-5970:

1. CONTINUING EDUCATION (CE) CERTIFICATION FOR DENTAL ASSISTING LICENSE

- ACTIVE Renewal:** I have successfully completed _____ hours of CE including the mandatory courses in infection control, California Law and Basic Life Support for this renewal period.
- INACTIVE Renewal:** I understand that it is unlawful to practice with an inactive license. If I wish to practice, I must first obtain 25 continuing education units, and reactivate my license.
- FIRST TIME Renewal:** I certify this is my first time renewal and I am not required to have CE units.

2. **CHECK THE BOX BELOW** next to “YES” if, since your last renewal, you have had any license disciplined by a government agency or have you been convicted or plead guilty to any crime. “Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Section 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$1000 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. “License” includes permits, registrations, and certificates. “Discipline” includes, but is not limited to suspension, revocation, voluntary surrender, probation, or any other restriction.

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the U S A and its territories, military court or a foreign government?

YES **NO**

3. I have furnished a full set of fingerprints to the Department of Justice as required by Title 16, California Code of Regulations Section 1008.

YES **NO**

4. The last four digits of your Social Security Number are **required** to renew: xxx-xx-_____.

5. **CERTIFICATION** – I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Licensee

Date

UPON RECEIPT AND REVIEW OF THE ABOVE INFORMATION, YOUR RENEWAL APPLICATION WILL BE PROCESSED.