

Instructions for Completing an Application to Establish Eligibility for Licensure by Credential

Mail your application and supporting documents to:
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Your application and supporting documents will be used to determine your eligibility to be licensed without examination. When your eligibility is confirmed, you will be sent an application for a California dental license, which is a two-page form you complete and return. Then you will be issued a license.

Incomplete or outdated applications will be returned (B&P Code §1635.5(a)(1)). Use the following as a checklist for submitting a complete application:

Include with Application:

One color passport photo Please write your name on the back of the photo, and staple with one staple to area indicated on page 1.

Fees (Non-Refundable) \$283 to have your application for eligibility reviewed and \$49 for fingerprint processing if using fingerprint cards instead of Live Scan. A personal check can be made out to the Dental Board of California. If sending both amounts, one check can be written for **\$332**. (After application is approved, you will be informed of your initial licensing fee.)

Fingerprints can be done either with electronic Live Scan or Ink on cards.

Live Scan is available only in California, for either residents or visitors, and is far speedier. The website has the form you need to complete and take to the Live Scan service location, and a list of the locations where it is obtainable. The procedure is that you take the completed form to the service location, pay a fee, they take your fingerprints on a glass without ink, transmit it electronically to the California Department of Justice (DOJ), and the DOJ sends the report to the Dental Board. Usually the report is received within two days. There is a low rate of rejections with this method.

Ink on Cards If you are not able to come to California, you may go to a law enforcement agency to have fingerprints made – 2 cards. ***Be sure to type or print legibly in black ink all the areas on both cards asking for personal information, that it is dated and signed by the official taking the fingerprints, and has your signature.*** Include the 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 due to needing to be repeated because of unreadable prints or other factors beyond the control of the Dental Board.

A dental license will not be issued until clearance has been received from the Department of Justice and the Federal Bureau of Investigation.

Application Form – LBC-1

Item 1 is self-explanatory.

Item 2 If you have used another name, submit a copy of the legal document that changed your name. If no document was used, provide a written statement explaining the reason for the name change. The last sentence of the explanation must include the following statement: “I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.” Sign and date the explanation.

Items 3 and 4 are self-explanatory and require no attachments.

Item 5 – Licensure in another state(s) List **all** states where you have ever been licensed to practice dentistry. From each dental board, order a certification of licensure. You will need to send a written request and fee to each dental board. When received, include them with your application.

Do not send copies of your dental licenses, DEA license, dental school

graduation certificates, or more than page 1 of specified tax forms.

Item 6 – Clinical Practice and Substitution Requirements Check one of the boxes to indicate how you qualify.

Clinical Practice Clinical practice must be a minimum of 5,000 hours in at least five of the seven years immediately preceding the date of application. Complete form LBC-3 to document your clinical practice hours. If you were self-employed during any of that time, you must provide a copy of your Federal Tax Form Schedule C for **5** of the years you were self-employed. **Send only a copy of page 1 of Schedule C** – no other tax documents are needed. If incorporated, send **only a copy of page 1 of 1120S**. Working as an independent contractor is not considered self-employment; have employer(s) complete form(s) LBC-3. Proceed to application item 7.

Residency Program + Clinical Practice You may receive credit for two of the five years of clinical practice by documenting completion of a residency training program accredited by the American Dental Association Commission on Dental Accreditation, including, but not limited to, a general practice residency, an advanced education in general dentistry program, or a training program in a specialty recognized by the American Dental Association. To receive credit for a residency, enclose a copy of your original residency certificate. Also submit form LBC-3 documenting at least 3 years of clinical practice. Proceed to application item 7.

Pending Contract for clinical practice If you provide proof of at least two years of practice as defined above, or have completed a residency program defined above, you may commit to completing the remainder of the five-year clinical practice requirement with a pending contract to practice full time in a community/public agency. Submit:

1. LBC-3 and/or a copy of your original residency certificate.
2. LBC-5 completed by the qualified agency with which you have a pending contract.

An applicant who makes a commitment to complete the remainder of the five-year requirement with a pending contract will be required to provide verification of continued compliance, and the Board may revoke a license upon finding that the employment requirement has not been met. Also, practice will be restricted to that setting until completion of the contract term.

Pending Contract for Faculty Practice If you provide proof of at least two years of practice as defined above, or have completed a residency program defined above, you may commit to completing the remainder of the five-year clinical practice requirement with a pending contract to teach or practice dentistry full time in a dental education program accredited by the ADA Commission on Dental Accreditation. Submit:

1. LBC-3 and/or a copy of your original residency certificate.
2. LBC-6 completed by the accredited program with which you have a pending contract.

Item 7 is self-explanatory and requires no attachments. Education beyond dental school need not be listed.

Items 8 and 9 are self-explanatory and require no attachment.

Item 10 – Continuing Education Provide **copies** of documents showing you have completed at least 50 units of continuing education within two years prior to the date of application. *Retain originals for your files.* Mandatory courses are:

1. California Infection Control, 2 units
2. California Dental Practice Act, 2 units
3. Basic life support course approved by the American Red Cross or the American Heart Association. Copy both the front and back of your CPR card, showing signatures.

Items 11-19 Answer questions and follow directions.

Please note: it is *not* necessary to send a copy of the National Practitioner Data Bank report(s). Your signature on the application gives the Dental Board permission to query the Data Bank.

Declaration – date and sign.