



**RE-EXAMINATION APPLICATION**  
**REGISTERED DENTAL ASSISTANT PRACTICAL EXAMINATION**

*You may only use this form if you have previously applied for the RDA Practical Examination*

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| <p><b>FEES</b></p> <p>Examination \$60.00</p> |
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| <p><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>Fee Pd _____</p> <p>Date<br/>Cashiered _____</p> <p>ATS # _____</p> |
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| <p><i>For Office Use Only</i></p><br><br><br><br><p>Date Received</p> |
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**FEES ARE NON-REFUNDABLE**

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|-----------------------------------|----------------|------------|
| <p><b>For Office Use Only</b></p> |                |            |
| <p>Infection</p>                  | <p>CPR/BLS</p> | <p>DPA</p> |

(Please Print Clearly or Type)

1. SOCIAL SECURITY NUMBER \_\_\_\_\_

2. BIRTH DATE (MM/DD/YYYY) \_\_\_\_\_

3. LEGAL NAME:                      LAST                                      FIRST                                      MIDDLE

4. LIST ANY OTHER NAMES USED: \_\_\_\_\_

5. MAILING ADDRESS: (The address you enter is public information and will be placed on the Internet pursuant to B&P Code section 27).

6. ALTERNATE ADDRESS: (If you do not want your home or work address available to the public, please provide an alternate mailing address).

7. TELEPHONE (INCLUDE AREA CODE) WORK \_\_\_\_\_

HOME \_\_\_\_\_

8. PREFERRED EXAMINATION:

Los Angeles      San Francisco      Month of Exam \_\_\_\_\_

**18. EXECUTION OF APPLICATION**

I am the applicant for examination for licensure referred to above. I have 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 foregoing is true and correct.

Signed in \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

(City and State)                      (day) (month) (year)

\_\_\_\_\_  
 (Signature of Applicant)

### **INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, 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. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. To comply 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.