



## APPLICATION FOR SUBJECT MATTER EXPERT AND/OR SITE EVALUATOR

The Dental Board of California (Board) is seeking qualified experts and evaluators to assist the Board with reviewing and approving dental assisting educational program applications. Experts and evaluators will be expected to develop opinions, review program materials, prepare written recommendations, and possibly testify as an Expert Witness on behalf of the Board. An expert or evaluator must hold a current, active, and unrestricted license. Please see other recommended qualifications at the Board’s website at [www.dbc.ca.gov](http://www.dbc.ca.gov).

Subject matter expert and site evaluator positions for the Board are “at will” contract positions, meaning the Board may terminate the contracts at any time without notice and without cause.

Please complete each section and attach your curriculum vitae/resume with your submission of the application to the Board.

Legal Name:	Last	First	Middle
List any other names used:			
Mailing Address:	Street	City	State Zip
Telephone Numbers (include area code):	Home	Work	Cell
E-mail Address:			
Position(s) you are applying for (check all that apply):			
<input type="checkbox"/> Subject Matter Expert		<input type="checkbox"/> Site Evaluator	
List all current license(s) or permit(s) held:			License #:
Please indicate the status of your license:			
<input type="checkbox"/> Active		<input type="checkbox"/> Currently practicing	
<input type="checkbox"/> Inactive		<input type="checkbox"/> Retired (If “Retired,” indicate the year you retired _____)	

<p>Have you ever had any disciplinary action taken or charges filed against your RDA license or other health-related license by a government agency? <i>(Include copies of all documents relating to this action)</i></p> <p>“License” includes permits, registrations, and certificates. Include any disciplinary actions taken by this agency, any other state agency, any U.S. territory, the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity. Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental- or health-related license that was issued to you.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you ever surrendered an RDA license, either voluntarily or otherwise?</p> <p>If “Yes,” please provide a detailed explanation of the circumstances, and a copy of all documents relating to the surrender.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you been convicted or plead guilty to any crime in any state, U.S. territory, military court or foreign country?</p> <p>“Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies.</p> <p>You do not need to report traffic infractions with a fine of less than \$1,000 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 or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code.</p> <p>If you answer “Yes,” please provide the following information to assist in the processing of your application:</p> <ol style="list-style-type: none"> <li>1) Certified copies of the arresting agency report;</li> <li>2) Certified copies of court documents; and</li> <li>3) A descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of the incident(s), and all circumstances surrounding the incident(s)). If documents were purged by the arresting agency or court, a letter of explanation from these agencies is required to complete the processing of your application.</li> </ol>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Educational background</b> (begin with college level):			
Name of School, City and State	Year of Grad	Certificate or Degree	Area of Study

Please indicate which of the following area(s) you will be available for site visit participation:			
<input type="checkbox"/> Bakersfield	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> San Diego	<input type="checkbox"/> Santa Maria
<input type="checkbox"/> Chico	<input type="checkbox"/> Modesto	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Stockton
<input type="checkbox"/> Fresno	<input type="checkbox"/> Sacramento	<input type="checkbox"/> San Jose	<input type="checkbox"/> Visalia

<b>Clinical Practice Experience:</b>				
Name of DDS, City and State	Type of Practice	Position Held	From (yr)	To (yr)

<b>Teaching Appointments (begin with current assignment):</b>				
Name of Institution, City and State	Position	Subjects Taught/Admin Responsibilities	From (yr)	To (yr)

<b>Professional Development</b> – In addition to the degrees earned, please indicate all areas of professional development you have earned. Provide copies of certificates as evidence of completion.		
<input type="checkbox"/> 2-Hour Teaching Methodology Courses (one or multiple subjects)	<input type="checkbox"/> 30-hour Educational (Teaching) Methodology Certification – RDA	<input type="checkbox"/> CPR (AHA/ARC) – BLS-C level
<input type="checkbox"/> Pit & Fissure Sealant Certification	<input type="checkbox"/> 6-hour Educational (Teaching) Methodology Certification – RDAEF	<input type="checkbox"/> DANB Certification – CDA, COMSA, CDPMA

<b>Curriculum Development</b> – List all areas of RDA education for which you have written curriculum content.		
Subject Area	Type of Program	Length of Course

As an educator, have you participated in an accreditation/site visit process? (please check)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Previous Consultant or Expert Witness Experience (begin with current assignment):</b>			
Name of School, Board, Company You Provided Services For	Type of Experience	From (yr)	To (yr)

<b>References –</b> List two professional references with whom you've worked.			
May we contact the references listed below for verification?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Address	Telephone Number	

The Board uses experts and site evaluators to evaluate educational curriculum submitted by applicants who wish to become approved for one or more of the following: RDA Educational Program, RDAEF Educational Program, Radiation Safety Course, Coronal Polishing Course, Pit and Fissure Sealant Course, Ultrasonic Scaling Course, Dental Sedation Assistant Course, and Orthodontic Assistant Course. Using the space below, summarize the qualifications and skills you believe you possess that would demonstrate your ability to serve as a Subject Matter Expert and/or Site Evaluator.

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*By signing below, I acknowledge having read the qualifications and requirements to serve in the position of RDA Subject Matter Expert and/or Site Evaluator. I certify under penalty of perjury under the laws of the State of California that the information on this application and accompanying documentation are true and correct.*

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*(Applicant Signature)*

*Date*