



**APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (ADEX)**

**FEES**

Application Fee: \$400.00  
 Fingerprint Fee: \$49.00  
 (Live Scan fee is paid at time of service)

**APPLICATION FEES ARE NON-REFUNDABLE**

*For Office Use Only*

Rec # \_\_\_\_\_

Fee Pd \_\_\_\_\_

Date Cashiered \_\_\_\_\_

Entity # \_\_\_\_\_

File # \_\_\_\_\_

*For Office Use Only*

Date Received

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. LIST ANY OTHER NAMES USED:		
5. MAILING ADDRESS:		
6. EMAIL ADDRESS:		
7. TELEPHONE (INCLUDING AREA CODE):		
WORK:	HOME:	
8. GENDER:	MALE	FEMALE
9. ALL APPLICANTS ARE REQUIRED TO INCLUDE A 2-INCH BY 2-INCH COLOR PASSPORT STYLE PHOTO.		
ATTACH PHOTO HERE		

<p>10. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <ul style="list-style-type: none"> <li>• YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE;</li> <li>• YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OF THE UNITED STATES ATTORNEY GENERAL PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR,</li> <li>• YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, RELATING TO IRAQUI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT.</li> </ul> <p>IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER. FAILURE TO DO SO MAY RESULT IN APPLICATION REVIEW DELAYS.</p> <p style="text-align: center;">ACCEPTABLE DOCUMENTATION</p> <ul style="list-style-type: none"> <li>• FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUEE OR ASYLEE.</li> <li>• SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ"</li> <li>• PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE.</li> <li>• AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCE THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE.</li> </ul>	<p>YES</p> <p>NO</p>
<p>11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;">MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</p> <p>NOTE: IF YOU MEET MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION (YOU MAY BE ASKED TO SUBMIT ORIGINAL DOCUMENTATION):</p> <ul style="list-style-type: none"> <li>• CERTIFICATE OF MARRIAGE OR DOMESTIC PARTNERSHIP OR OTHER LEGAL UNION WITH AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES WHO IS ASSIGNED TO A DUTY STATION IN THIS STATE UNDER OFFICIAL ACTIVE DUTY MILITARY ORDERS.</li> <li>• VERIFICATION OF CURRENT LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES IN THE PROFESSION OF VOCATION FOR WHICH YOU ARE SEEKING LICENSURE.</li> </ul>	<p>YES</p> <p>NO</p>
<p>12. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;">MILITARY HONORABLE DISCHARGE REQUIREMENTS</p> <p>NOTE: IF YOU MEET THE U.S. ARMED FORCES EXPEDITE REQUIREMENT, PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION:</p> <ul style="list-style-type: none"> <li>• DD214 OR OTHER SUPPORTING DOCUMENTATION.</li> </ul>	<p>YES</p> <p>NO</p>

13. DO YOU HAVE A CERTIFIED DISABILITY OR CONDITION THAT REQUIRES SPECIAL ACCOMODATIONS FOR TESTING? YES NO

14. HAVE YOU PREVIOUSLY TAKEN THE CALIFORNIA LAW AND ETHICS EXAMINATION? YES NO

15. HAVE YOU EVER BEEN ISSUED A DENTAL LICENSE IN ANY STATE OR COUNTRY? YES NO  
 IF YES, LIST ALL STATES/COUNTRIES WHERE A LICENSE HAS BEEN ISSUED. CERTIFICATION OF LICENSE(S) MUST BE SUBMITTED FOR EACH STATE/COUNTRY.

STATE OR COUNTRY	LICENSE NUMBER	ISSUE DATE

16. DENTAL EDUCATION:

\_\_\_\_\_ NAME AND LOCATION OF INSTITUTION(S) ATTENDED

\_\_\_\_\_ PERIOD(S) OF ATTENDANCE (SHOW MM//YYYY)

DEGREE, DIPLOMA GRANTED:

D.D.Sc      D.D.S.      D.M.D.      OTHER (PLEASE SPECIFY) \_\_\_\_\_

\_\_\_\_\_ DATE GRANTED

17. POSTGRADUATE STUDY:

\_\_\_\_\_ NAME AND LOCATION OF INSTITUTION(S) ATTENDED

\_\_\_\_\_ PERIOD(S) OF ATTENDANCE (SHOW MM//YYYY)

\_\_\_\_\_ NAME OF SPECIALTY BOARD      ARE YOU A DIPLOMATE?      YES      NO

18. HAVE YOU PROVIDED SATISFACTORY EVIDENCE OF HAVING GRADUATED FROM A DENTAL SCHOOL APPROVED BY THE BOARD OR COMMISSION ON DENTAL ACCREDITATION OF THE AMERICAN DENTAL ASSOCIATION, SUCH AS THE CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE FORM?	YES
	NO
19. DO YOU HAVE A PERMIT TO PRESCRIBE CONTROLLED SUBSTANCES FROM THE FEDERAL DRUG ENFORCEMENT AGENCY (DEA)?	YES
IF YES, ENTER DEA NUMBER _____	NO
20. HAS PERMISSION FROM THE DEA TO PRESCRIBE CONTROLLED SUBSTANCES EVER BEEN SUSPENDED, REVOKED, OR DENIED?	YES
IF YES, PROVIDE A DETAILED EXPLANATION OF THE CIRCUMSTANCES AND A COPY OF THE DOCUMENT(S).	NO
21. DO YOU HAVE ANY PENDING OR HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN OR CHARGES FILED AGAINST A DENTAL LICENSE OR 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
IF YES, PROVIDE A DETAILED EXPLANATION AND A COPY OF ALL DOCUMENTS RELATING TO THE DISCIPLINARY ACTION.	NO
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 LICENSE.	
22. ARE THERE ANY PENDING INVESTIGATIONS BY ANY STATE OR FEDERAL AGENCIES AGAINST YOU?	YES
IF YES, PROVIDE A DETAILED EXPLANATION OF THE CIRCUMSTANCES SURROUNDING THE INVESTIGATION AND A COPY OF THE DOCUMENT(S).	NO
23. HAVE YOU EVER BEEN DENIED A DENTAL LICENSE OR PERMISSION TO TAKE A DENTAL EXAMINATION?	YES
IF YES, PROVIDE A DETAILED EXPLANATION OF THE CIRCUMSTANCES SURROUNDING THE DENIAL AND A COPY OF THE DOCUMENT(S).	NO
24. 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
25. 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

26. DECLARATION:

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.

MY SIGNATURE ON THIS APPLICATION, OR COPY THEREOF, AUTHORIZES THE NATIONAL PRACTITIONER DATA BANK AND THE FEDERAL DRUG ENFORCEMENT AGENCY TO RELEASE ANY AND ALL INFORMATION REQUIRED BY THE DENTAL BOARD OF CALIFORNIA.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA AND AUTOMATIC FORFEITURE OF MY CALIFORNIA DENTAL LICENSE, IF ONE IS ISSUED, THAT THE INFORMATION I PROVIDED TO THE BOARD IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

EXECUTED IN \_\_\_\_\_, ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

**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 SECTION 480(c) 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.

CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE

APPLICANT NAME:	SSN/ITIN:
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I HEREBY CERTIFY THAT \_\_\_\_\_  
FULL NAME OF STUDENT

MATRICULATED IN THE \_\_\_\_\_  
NAME OF UNIVERSITY

DENTAL COLLEGE ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ AND ATTENDED \_\_\_\_\_ YEARS,

HAS COMPLETED THE CLINIC AND DIDACTIC REQUIREMENTS AND

HAS GRADUATED, OR

WILL GRADUATE\*, OR

IS EXPECTED TO GRADUATE\*

WITH THE DEGREE OF:

D.D.Sc.,

D.D.S.,

D.M.D.



ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DEAN

\_\_\_\_\_  
DATE SIGNED

\*THE DEAN MUST CERTIFY ACTUAL GRADUATION. IF CERTIFICATION IS SIGNED THAT APPLICANT WILL GRADUATE OR IS EXPECTED TO GRADUATE, CERTIFICATION MUST BE COMPLETED ON OFFICIAL SCHOOL LETTERHEAD INCLUDING THE DEAN'S SIGNATURE AND SEAL OF THE DENTAL SCHOOL.