

Alternative Dental Assisting Program Certification Form

The Dental Board of California (Board) is providing this form to assist Alternative Dental Assisting Programs to certify completion of the Alternative Dental Assisting Program (“DA program”). by an applicant seeking RDA licensure in California using the alternative dental assisting program pathway pursuant to Business and Professions Code (BPC) section 1752.1, subdivision (a)(4). The “Alternative Dental Assisting Program” must have been offered by an institution of secondary or postsecondary education that has a current accreditation from the Commission on Dental Accreditation or is accredited or approved by an agency recognized by the United States Department of Education or State Department of Education, including career health and technical education programs, regional occupation centers or programs, or apprenticeship programs registered by the State Department of Education or Division of Apprenticeship Standards of the Department of Industrial Relations in allied dental programs. (BPC, § 1741, subd. (a).)

Section 1: RDA License Applicant Information (To Be Completed by Applicant)	
First Name:	Middle Name:
Last Name:	Suffix:
SSN/ITIN:	
Section 2: Alternative Dental Assisting (DA) Program Information (To Be Completed by DA Program)	
Name of Alternative DA Program:	
Name of Course Completed:	
DA Program’s Street Address, City, State, and ZIP Code:	
Type of Educational Program: [Check applicable box]	<input type="checkbox"/> Secondary or Postsecondary Institution accredited by CODA. <input type="checkbox"/> Accredited/approved by agency recognized by United States Department of Education or State Department of Education. Name of Accrediting/Approval Agency: _____ <input type="checkbox"/> Career Health or Technical Education Program. <input type="checkbox"/> Regional Occupational Center or Program. <input type="checkbox"/> Apprenticeship Program registered by State Department of Education or Division of Apprenticeship Standards of the Department of Industrial Relations in Allied Dental Programs.
Name of DA Program’s Authorized Representative:	
Section 3: Certification of Coursework and Clinical Chairside Hours (To Be Completed by DA Program)	
I certify that _____ (Student) has completed _____ hours of didactic and laboratory coursework in dental assisting-related topics that encompassed all aspects specified in BPC section 1752.1, subdivision (a)(4), and _____ hours of clinical chairside work experience, involving the allowable duties described in BPC section 1750.1, directly supervised, evaluated, and documented by the following supervising licensed dentist: Dentist Name _____ State Licensed Issued/License Number _____	
Section 4: Certification of Applicant and Alternative Dental Assisting Program	
We, the undersigned, certify under penalty of perjury under the laws of the State of California that the information entered in Sections 1 through 3 is true and correct.	
Signature of Applicant _____	Date Signed _____ (MM/DD/YYYY)
Signature of DA Program’s Authorized Representative _____	Date Signed _____ (MM/DD/YYYY)

Notice of Collection of Personal Information

For Applicants: This completed form must be submitted to the Dental Board of California (Board) either online through the Department of Consumer Affairs' online licensing system entitled "BreEZe" located on the Board's website, by mail to the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by email to DA.Program@dca.ca.gov as part of your application for licensure (application) as required by CCR, title 16, sections 1076 and 1077 or your application will be rejected as incomplete (see CCR, title 16, section 1004). The information requested on this form is mandatory pursuant to BPC sections 30, 31, 494.5, and 1752.1 and CCR, title 16, sections 1076 and 1077. The information provided will be used to determine qualifications for licensure, for identification purposes, and for compliance with tax and family support obligations. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing your personal information unless the records are exempted from disclosure as described in Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by telephone at (916) 263-2300.

For Alternative Dental Assisting Programs: The applicant identified in Section 1 above is applying to this Board to become licensed as a Registered Dental Assistant (RDA) in California. One method of qualifying for RDA licensure includes providing a certificate of completion of an alternative dental assisting program as defined above under "Form Scope and Program Definition." Please complete Sections 2 and 3 relating to the applicant's completion of coursework and clinical chairside hours at your program. Please review the information provided in the paragraph above under "For Applicants" regarding the requirements for collecting this information, the circumstances under which the information may be disclosed or withheld from disclosure, and where the personal information collected on this form is maintained.