

## 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 by an applicant seeking RDA licensure in California using the alternative dental assisting program pathway under Business and Professions Code (BPC) section 1752.1, subdivision (a)(4).

You may use this form only if the Alternative Dental Assisting Program is 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 RDA License Applicant)

First Name:

Middle Name:

Last Name:

SSN/ITIN:

### Section 2: Alternative Dental Assisting (DA) Program Information (To Be Completed by Certifying Dentist)

Name of Alternative DA Program:

Name of Course Completed:

Program Street Address, City State, Postal Code:

Name of Program Administrator/Director:

Type of Educational Program:  
[Check applicable box]

- ☐ Secondary or Postsecondary Institution accredited by CODA.  
☐ Accredited/approved by agency recognized by United States Department of Education or State Department of Education.  
Name of Agency: \_\_\_\_\_  
☐ Career Health or Technical Education Program.  
☐ Regional Occupational Center or Program.  
☐ Apprenticeship Program registered by State Department of Education or Division of Apprenticeship Standards of Department of Industrial Relations in Allied Dental Programs.

### Section 3: Certification of Coursework and Clinical Chairside Hours (To Be Completed by Certifying Dentist)

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) \_\_\_\_\_ (License Number) \_\_\_\_\_ (State License Issued)

### Section 5: Certification of Alternative Dental Assisting Program (To Be Completed by Certifying Dentist)

I certify that the information entered in Sections 1 through 3 above is true and correct.

Signature of Program Administrator/Director \_\_\_\_\_ Date Signed \_\_\_\_\_  
(MM/DD/YYYY)

## **INFORMATION COLLECTION AND ACCESS**

ALL ITEMS IN THIS APPLICATION ARE MANDATORY.

FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION AND WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.

THE INFORMATION PROVIDED WILL BE USED TO DETERMINE YOUR ELIGIBILITY FOR LICENSURE PER SECTIONS 1628, 1628.5, 1629 AND 1632 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE (BPC) AND TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1028, WHICH AUTHORIZES THE COLLECTION OF THIS INFORMATION.

THE INFORMATION ON YOUR APPLICATION MAY BE TRANSFERRED TO OTHER GOVERNMENTAL OR LAW ENFORCEMENT AGENCIES TO PERFORM THEIR STATUTORY OR CONSTITUTIONAL DUTIES, OR OTHERWISE TRANSFERRED OR DISCLOSED AS PROVIDED IN CALIFORNIA CIVIL CODE SECTION 1798.24. DISCLOSURE OF EITHER YOUR SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) IS MANDATORY, AND COLLECTION IS AUTHORIZED BY BPC SECTION 30 AND 42 U.S.C.A. § 405(C)(2)(C). YOUR SSN OR ITIN 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.

YOU HAVE THE RIGHT TO REVIEW YOUR APPLICATION AND YOUR FILES EXCEPT INFORMATION THAT IS EXEMPT FROM DISCLOSURE AS PROVIDED IN THE CALIFORNIA PUBLIC RECORDS ACT (GOV. CODE, §§ 7920.000 AND FOLLOWING) OR AS OTHERWISE PROVIDED BY CIVIL CODE SECTION 1798.40 OF THE CALIFORNIA INFORMATION PRACTICES ACT (CIV. CODE, §§ 1798 AND FOLLOWING).

INFORMATION PROVIDED ON THIS APPLICATION MAY BE DISCLOSED TO A MEMBER OF THE PUBLIC, UPON REQUEST, UNDER THE CALIFORNIA PUBLIC RECORDS ACT OR PURSUANT TO COURT ORDER, SUBPOENA, OR SEARCH WARRANT. THE ADDRESS OF RECORD YOU LIST ON THIS APPLICATION IS A PUBLIC RECORD AND WILL BE DISCLOSED ON THE BOARD'S WEBSITE AND OTHERWISE BE MADE AVAILABLE TO THE PUBLIC IF AND WHEN YOU BECOME LICENSED. INDIVIDUALS USING A P.O. BOX AS THEIR ADDRESS OF RECORD ARE REQUIRED TO PROVIDE A PHYSICAL (STREET) ADDRESS TO THE BOARD THAT WILL NOT BE DISCLOSED TO THE PUBLIC PURSUANT TO A PUBLIC RECORDS REQUEST OR POSTED ON THE BOARD'S WEBSITE.

THE EXECUTIVE OFFICER IS RESPONSIBLE FOR MAINTAINING THE INFORMATION COLLECTED ON THIS APPLICATION FORM AND MAY BE CONTACTED AT 2005 EVERGREEN STREET, SUITE 1550, SACRAMENTO, CA 95815, TELEPHONE NUMBER (916) 263-2300 REGARDING QUESTIONS ABOUT THIS NOTICE OR ACCESS TO RECORDS.

THE BOARD IS REQUIRED TO NOTIFY YOU THAT UNDER BPC SECTIONS 31 AND 494.5, THE STATE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (CDTFA) AND THE FRANCHISE TAX BOARD (FTB) MAY SHARE TAXPAYER INFORMATION WITH THIS BOARD. YOU ARE REQUIRED TO PAY YOUR STATE TAX OBLIGATION. THIS APPLICATION MAY BE DENIED, OR YOUR LICENSE MAY BE SUSPENDED IF YOU HAVE A STATE TAX OBLIGATION, THE STATE TAX OBLIGATION IS NOT PAID, AND YOUR NAME APPEARS ON THE CDTFA OR FTB CERTIFIED LIST OF 500 LARGEST TAX DELINQUENCIES.