



## Re-Examination Application Registered Dental Assistant in Extended Functions (RDAEF)

**APPLICATION FEES ARE  
 NON-REFUNDABLE**

Y |æc} Á cæ } Á ^ Á q |Á  
 à Á æ /á á & d' Á Á UÜ Öæ Á  
 æ /á æ Á

*For Office Use Only*

Ü ^ & Á Á Á Á \_\_\_\_\_ Á

Ø ^ Á á Á Á \_\_\_\_\_ Á

Ö æ Á  
 Ö æ @ ! á á \_\_\_\_\_ Á

Ò } æ Á Á \_\_\_\_\_ Á

Ø æ Á Á \_\_\_\_\_ Á

*For Office Use Only*

Ö æ Á Ü ^ & æ ^ á Á

Ü  æ æ Á Ü   æ Ø  æ æ   Á   Á ^ Á		G E O U V P Á C E / O Á T E D O E Y Y Y D A	
F E S S N / F E I N / I T I N # Á			
H E S O O C S A P C E T O Á S O E U V Á		T O O S O Á	
I S O V A C E Y Á U V P O Ü Á P C E T O U A N U O O Á			
I Á T C E S C O Á C E O U O U Á Á @ Á á ! • • Á [ ^ Á ) Ø / Á Á ^ á á á á á á { ( æ æ } á á á á   á á   æ á á } Á @ Á Ø ! } ^ Ø ! • æ æ Á Ö Ü Á [ á Á ^ & æ } Á G D Á			
I Á T C E S C O Á C E O U O U Á			
I Á V O S O U P U P O Á P Ø S W Ø Ø Á C E Ü C E Z O Ü O O Á			
Á Y Ü S Á		P U T O Á	
I Á U Ü Ö Z O Ü O O Á O Y C E T Ø C E / Ø P Á S U Ö C E / Ø P Á			
Á Ü U W P Ö Ü P Á C E S C O Ü P O Á P U Ü V P Ö Ü P Á C E S C O Ü P O Á T U P V P Á U O Y C E T Á Á Á Á			
J E Á S S Á C E Ü S C O P E V U Á C E Ü Á J O U W Ö O O Á U Á P Ø S W O O Á C E Ü S U Á C E Ü U Ü U V Á P U V U E V U Á C O A M Ü O O Á U Ü Á P Ö Ü Á			
O Y C E T Ø C E / Ø P Á C E O Ö Ø P <b>PLEASE ATTACH PHOTO TO THE APPLICATION, IN THE SPACE PROVIDED BELOW</b>			
<div style="border: 1px solid black; width: 300px; height: 150px; margin: 0 auto;"></div>			

10. 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.

\_\_\_\_\_

SIGNATURE OF APPLICANT

Signed in \_\_\_\_\_ on \_\_\_\_\_

CITY AND STATE

MM/DD/YYYY

**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.