



DIVERSION EVALUATION COMMITTEE APPLICATION

(This form is a public record, but subject to the protection of the Information Practices Act)

Please Print or Type

Name _____

Address _____

Phones (work) _____ (home) _____ (cell) _____

Email _____

Category for which you are applying:

Dentist Dental Auxiliary Physician/Psychologist Public Member

Committee you wish to be on: Northern DEC Southern DEC

California License Number: _____ SSN/FEIN/ITIN: _____

(except for public member applicants)

In the space below, briefly summarize your professional, educational, and/or personal experience which documents your expertise:

In the space below, give your philosophical beliefs relative to the treatment of chemical dependency.

I HAVE READ AND UNDERSTAND THE REPOSIBILITIES, TIME COMMITMENTS, AND REIMBURSEMENT OF DIVERSION EVALUATION COMMITTEE MEMBERS.

Signature

Date

SUBMIT COMPLETED APPLICATION AND RESUME TO:

**Executive Assistant of the Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815**

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.