



**ORAL & MAXILLOFACIAL SURGERY
ELECTIVE FACIAL COSMETIC SURGERY
PERMIT APPLICATION**

Business and Professions Code, Section 1638-1638.5

Office Use Only	
Receipt # _____	File # _____
Fee Paid: _____	Initials: _____
FCS Permit#: _____	Issued: _____
Exp. Date: _____	

NON-REFUNDABLE FILING FEES
Application \$850

Full Name: _____

Address of Record: _____

Practice Address (if different): _____

Telephone Number: _____

CA Dental License #(s): _____ Date Issued: _____

Dental License #: _____ State(s) of Issuance: _____

Elective Facial Cosmetic Surgery Permit Qualifications:

Complete section 1, 2 (choosing either option A or B) 3, 4, 5, and 6

1. Oral and Maxillofacial Surgery Residency Program accredited by the CODA of the ADA:

Dates Attended: _____

Please include proof of certification of completion of a CODA-approved residency program.

2. Option A: American Board of Oral and Maxillofacial Surgery Status:

Date Certified: _____

Re-Certification Date: _____

Candidate for Certification: _____

Enclose proof of certification or candidacy for certification by the American Board of Oral and Maxillofacial surgery

(ii) Residency Program Director: _____
and/or

(ii) Fellowship Program Director: _____

(Enclose a letter either from the residency program director and/or from the director of your CODA-approved post-residency fellowship program, stating that you have the education, training, and competence necessary to perform the surgical procedures that you are requesting the permit for and intend to perform.)

ACCEPTABLE DOCUMENTATION

- 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 refugee or asylee.
- Special immigrant visa that includes the of “SI” or “SQ.”
- 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.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

5. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

Yes: **No:**

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

Note: If you meet the 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).

- 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.
- Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

6. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?

Yes: **No:**

MILITARY HONORABLE DISCHARGE REQUIREMENTS

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.

- DD214 or other supporting documentation.

Certification - *I certify under the penalty of perjury, under the law of the State of California that the information in this application and any attachments are true and correct.*

Applicant’s Signature

Date

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 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. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.