



Application for Dental Law and Ethics Examination

Application Fee: \$125.00

**APPLICATION FEES ARE
NON-REFUNDABLE**

Examination fees will be paid
directly to PSI at a later date.

For Office Use Only

Rec # _____

FeePd _____

Date
Cashiered: _____

Entity# _____

File# _____

For Office Use Only

Date Received

(Please Print Clearly or Type)

1. SSN/ITIN:		2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME:	LAST	FIRST	MIDDLE
4. MAILING ADDRESS (The address you enter is public information and will be placed on the internet pursuant to B&P Code section 27):			
5. TELEPHONE (INCLUDING AREA CODE):		6. EMAIL ADDRESS:	
7. DO YOU HAVE A DISABILITY OR CONDITION THAT REQUIRES SPECIAL ACCOMODATIONS?			
NO YES (If yes, please email dentalboard@dca.ca.gov for a "Request for Accommodations" packet)			
8. DO ANY OF THE FOLLOWING APPLY TO YOU:			
<ul style="list-style-type: none"> You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or, You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government. 			
Yes		No	
If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.			
ACCEPTABLE DOCUMENTATION			
<ul style="list-style-type: none"> 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. 			

<p>9. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;">Yes No</p>													
<p>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</p> <p>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)</p> <ul style="list-style-type: none"> • 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 													
<p>10. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;">Yes No</p>													
<p>MILITARY HONORABLE DISCHARGE REQUIREMENTS</p> <p>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.</p> <ul style="list-style-type: none"> • DD214 or other supporting documentation. 													
<p>11. EXECUTION OF APPLICATION:</p> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px;"> SIGNATURE OF APPLICANT DATE SIGNED </div>													
<p>12. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:</p> <p>I hereby declare under penalty of perjury under the laws of the state of California that</p> <p>_____ matriculated in the _____</p> <p style="text-align: center; font-size: small;">FULL NAME OF STUDENT NAME OF UNIVERSITY</p> <p>Dental College the _____ day of _____ and attended _____ years, and has completed the clinic and didactic requirements.</p> <table style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 20%;">Student</td> <td style="width: 20%;">Has Graduated</td> <td style="width: 20%;">Is Expected to Graduate</td> <td style="width: 40%;"></td> </tr> <tr> <td>with the degree of</td> <td>D.D.S.c.</td> <td>D.D.S</td> <td>D.M.D.</td> </tr> <tr> <td colspan="4" style="text-align: center; padding-top: 10px;">on the _____ day of _____, 20____.</td> </tr> </table> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px; margin-top: 20px;"> SIGNATURE OF DEAN DATE SIGNED </div> <div style="text-align: right; margin-top: 20px;"> <p>AFFIX SCHOOL SEAL</p> </div>		Student	Has Graduated	Is Expected to Graduate		with the degree of	D.D.S.c.	D.D.S	D.M.D.	on the _____ day of _____, 20____.			
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on the _____ day of _____, 20____.													

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.