

**APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (RESIDENCY)**

<p>FEES</p> <p>Application Fee: \$400.00 Fingerprint Fee: \$49.00 (Hard Cards Only)</p> <p>Live Scan fee is paid at time of service.</p> <p>APPLICATION FEES ARE NON-REFUNDABLE</p>

<p><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>Fee Pd _____</p> <p>Date Cashiered _____</p> <p>Entity # _____</p> <p>File # _____</p>
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<p><i>For Office Use Only</i></p> <p>Date Received</p>
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(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:		2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: <u>LAST</u> <u>FIRST</u> <u>MIDDLE</u>			
4. LIST ANY OTHER NAMES USED:			
5. MAILING ADDRESS: <u>STREET</u> <u>CITY</u> <u>STATE</u> <u>ZIP CODE</u>			
6. EMAIL ADDRESS:		7. PHONE NUMBER (XXX) XXX-XXXX:	
8. WILL YOU BE SUBMITTING FINGERPRINTS VIA LIVE SCAN? (California Only)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
NOTE: PLEASE BE ADVISED, ONCE YOU HVE SUBMITTED THIS APPLICATION, BOARD STAFF WILL REVIEW AND SEND YOU THE LIVESCAN FORMS VIA EMAIL.			
9. ALL APPLICANTS ARE REQUIRED TO INCLUDE A 2-INCH BY 2-INCH COLOR PASSPORT STYLE PHOTO.			
<div style="border: 1px solid black; width: 260px; height: 180px; margin: 0 auto; text-align: center; line-height: 180px;">ATTACH PHOTO HERE</div>			

<p>10. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <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 OF 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 THE 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 IRAQUI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT. <p>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.</p> <p>ACCEPTABLE DOCUMENTATION</p> <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 REFUEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "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. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. 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>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</p> <p>NOTE: IF YOU MEET 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 LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES IN THE PROFESSION OF VOCATION FOR WHICH YOU ARE SEEKING LICENSURE. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</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. 	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>17. DENTAL EDUCATION:</p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">NAME AND LOCATION OF INSTITUTION(S) ATTENDED</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">PERIOD(S) OF ATTENDANCE (SHOW MM/YYYY)</div> <p>DEGREE, DIPLOMA GRANTED:</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <input type="radio"/> D.D.S.C. <input type="radio"/> D.D.S. <input type="radio"/> D.M.D. <input type="radio"/> OTHER (PLEASE SPECIFY): _____ </div> <div style="border-bottom: 1px solid black; margin-top: 10px; text-align: center;">DATE GRANTED</div>	
<p>18. HAVE YOU PROVIDED SATISFACTORY EVIDENCE OF HAVING GRADUATED FROM A DENTAL SCHOOL APPROVED BY THE BOARD OR COMMISSION ON DENTAL ACCREDITATION OF THE AMERICAN DENTAL ASSOCIATION, SUCH AS THE CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE FORM?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>19. HAVE YOU PROVIDED THE CERTIFICATION OF CLINICAL RESIDENCY PROGRAM COMPLETION FORM SIGNED BY THE PROGRAM DIRECTOR OF THE RESIDENCY PROGRAM OR ADVANCED EDUCATION IN GENERAL DENTISTRY PROGRAM?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>20. HAVE YOU TAKEN AND FAILED A STATE, REGIONAL, OR NATIONAL EXAMINATION FOR LICENSURE TO PRACTICE DENTISTRY UNDER THIS CHAPTER WITHIN FIVE YEARS PRIOR TO THE DATE OF THE APPLICATION?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>21. HAVE YOU TAKEN THE WRITTEN EXAMINATION OF THE NATIONAL BOARD DENTAL EXAMINATION OF THE JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>22. ARE YOU CURRENTLY AWAITING THE RESULTS AFTER HAVING TAKEN A STATE, REGIONAL, OR NATIONAL EXAMINATION?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>23. DO YOU HAVE A PERMIT TO PRESCRIBE CONTROLLED SUBSTANCES FROM THE FEDERAL DRUG ENFORCEMENT AGENCY (DEA)?</p> <p>IF YES, ENTER DEA NUMBER _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>24. HAS PERMISSION FROM THE DEA TO PRESCRIBE CONTROLLED SUBSTANCES EVER BEEN SUSPENDED, REVOKED, OR DENIED?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION OF THE CIRCUMSTANCES AND A COPY OF THE DOCUMENT(S).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>25. DO YOU HAVE ANY PENDING OR HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN OR CHARGES FILED AGAINST A DENTAL LICENSE OR OTHER HEALING ARTS LICENSE? INCLUDE ANY DISCIPLINARY ACTIONS TAKEN BY THE U.S. MILITARY, U.S. PUBLIC HEALTH SERVICE, OR OTHER U.S. FEDERAL GOVERNMENT ENTITY.</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION AND A COPY OF ALL DOCUMENTS RELATING TO THE DISCIPLINARY ACTION.</p> <p>DISCIPLINARY ACTION INCLUDES, BUT IS NOT LIMITED TO, SUSPENSION, REVOCATION, PROBATION, CONFIDENTIAL DISCIPLINE, CONSENT ORDER, LETTER OF REPRIMAND OR WARNING, OR ANY OTHER RESTRICTION OF ACTION TAKEN AGAINST A LICENSE.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>26. ARE THERE ANY PENDING INVESTIGATIONS BY ANY STATE OR FEDERAL AGENCIES AGAINST YOU?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION OF THE CIRCUMSTANCES SURROUNDING THE INVESTIGATION AND A COPY OF THE DOCUMENT(S).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>27. HAVE YOU EVER BEEN DENIED A DENTAL LICENSE OR PERMISSION TO TAKE A DENTAL EXAMINATION?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION OF THE CIRCUMSTANCES SURROUNDING THE DENIAL AND A COPY OF THE DOCUMENT(S).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>28. HAVE YOU EVER SURRENDERED A LICENSE, EITHER VOLUNTARILY OR OTHERWISE?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION AND A COPY OF ALL DOCUMENTS RELATING TO THE SURRENDER.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>29. ARE YOU IN DEFAULT ON A UNITED STATES DEPARTMENT OF HEALTH SERVICES EDUCATION LOAN PURSUANT TO SECTION 685 OF THE CODE?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>30. DECLARATION</p> <p>I AM THE APPLICANT FOR LICENSURE REFERRED TO IN THIS APPLICATION. I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM TRUTHFULLY, FULLY, AND COMPLETELY.</p> <p>MY SIGNATURE ON THIS APPLICATION, OR COPY THEREOF, AUTHORIZES THE NATIONAL PRACTITIONER DATA BANK AND THE FEDERAL DRUG ENFORCEMENT AGENCY TO RELEASE ANY AND ALL INFORMATION REQUIRED BY THE DENTAL BOARD OF CALIFORNIA.</p> <p>I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA AND AUTOMATIC FORFEITURE OF MY CALIFORNIA DENTAL LICENSE, IF ONE IS ISSUED, THAT THE INFORMATION I PROVIDED TO THE BOARD IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> <p>EXECUTED IN _____, ON THE _____ DAY OF _____, 20_____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE OF APPLICANT </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> DATE SIGNED </div> </div> <p>IMPORTANT INFORMATION: YOU MUST REPORT TO THE BOARD THE RESULTS OF ANY ACTIONS WHICH HAVE BEEN FILED OR WERE PENDING AGAINST ANY DENTAL LICENSE YOU HOLD AT THE FILING OF THIS APPLICATION. FAILURE TO REPORT THIS INFORMATION MAY RESULT IN THE DENIAL OF YOUR APPLICATION OR SUBJECT YOUR LICENSE TO DISCIPLINE PURSUANT TO SECTION 480(c) OF THE BUSINESS & PROFESSIONS CODE</p>	

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.

NOTICE:

Effective January 1, 2008, certain nondentists may, upon your death or incapacity, contract with another licensed dentist or dentists to continue your dental practice for a period not exceeding 12 months if certain conditions are met. [Sections 1625.3](#) and [1625.4 of the Business and Professions Code](#) permit the legal guardian or conservator or authorized representative of an incapacitated dentist, the executor or administrator of the estate of a deceased dentist, or the named trustee or successor trustee of a trust or subtrust who meets certain requirements, to contract with a licensed dentist or dentists to continue the incapacitated or deceased dentist's dental practice for a period not to exceed 12 months from the date of death or incapacity if the practice meets specified criteria and if certain other conditions are met, including providing a specific notification to the Dental Board of California. You and your estate planner should become familiar with these requirements and the notification process. Please contact the Dental Board of California for additional information.

CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE

APPLICANT NAME:	SSN/ITIN:
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I HEREBY CERTIFY THAT _____
FULL NAME OF STUDENT

MATRICULATED IN THE _____
NAME OF UNIVERSITY

DENTAL COLLEGE ON THE _____ DAY OF _____ AND ATTENDED _____ YEARS,

HAS COMPLETED THE CLINIC AND DIDACTIC REQUIREMENTS AND

- ☐ HAS GRADUATED, OR
- ☐ WILL GRADUATE*, OR
- ☐ IS EXPECTED TO GRADUATE*

WITH THE DEGREE OF:

- ☐ D.D.SC.,
- ☐ D.D.S.,
- ☐ D.M.D.

PLACE SEAL OF
COLLEGE OR
UNIVERSITY HERE

ON THE _____ DAY OF _____, 20 _____

SIGNATURE OF DEAN

DATE SIGNED

*THE DEAN MUST CERTIFY ACTUAL GRADUATION. IF CERTIFICATION IS SIGNED THAT APPLICANT WILL GRADUATE OR IS EXPECTED TO GRADUATE, CERTIFICATION MUST BE COMPLETED ON OFFICIAL SCHOOL LETTERHEAD INCLUDING THE DEAN'S SIGNATURE AND SEAL OF THE DENTAL SCHOOL.