



APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (RESIDENCY)

Business & Professions Code, Section 1634.1

**Staple a color
 passport photo
 here**

OFFICIAL USE ONLY
 Receipt# _____ RC# _____
 Fees: Application _____
 Fingerprints _____
 Date Cashiered _____

Please read carefully and answer each question fully,
 verify that this is the most **recent** revision of the
 application.

FEES (NON-REFUNDABLE): Application \$800
 Fingerprint Cards - \$49
 (Dept. of Justice processing fee \$32, FBI processing fee \$17)
(Live Scan fees paid directly to the processor)

Please type or print legibly	
1. NAME: Last First Middle	2. SSN/FEIN/ITIN #:
2. List Any Other Names Used:	4. Birthdate: (mm/dd/yyyy)
5. Mailing Address: (including City/State/Zip)	6. Telephone Number:
7. Email Address:	8. Gender: Male Female

9. DENTAL EDUCATION: Proof that the applicant has graduated from a dental school approved by the board or by the Commission on Dental Accreditation of the American Dental Association. (Attach proof or the application will be returned)

Name and location of institution attended	Period of attendance (show exact inclusive dates)	Degree, Diploma granted and date
		D.D.Sc. <input type="checkbox"/> D.M.D. <input type="checkbox"/>
		D.D.S. <input type="checkbox"/> Other (specify) _____
		Year degree Awarded: _____

10. Certification of Clinical Residency Program Completion form signed by the director of the residency program or Advanced education in general dentistry program (Must be included or application will be returned)

11. Have you taken and failed the California licensure examination or the Western Regional examination within five years of the date of this application? Yes No

12. Are you currently awaiting the results after having taken the California licensure examination or the Western Regional examination? Yes No

13. Do you have any pending discipline, 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 governmental entity? Yes No

14. Are there any investigations pending against you by any State or Federal agencies? If yes, provide a detailed explanation of circumstances surrounding the investigation. Yes No

15. Have you ever been denied a dental license or permission to take a dental examination? If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s). Yes No

16. Have you ever surrendered a license, voluntarily or otherwise? If yes, provide a detailed explanation and a copy of all documents relating to the surrender. Yes No

17. Have you ever surrendered a dental license, voluntarily or otherwise? If yes, provide a detailed explanation and a copy of all documents relating to the surrender. Yes No

18. With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? Yes No

“Conviction” includes a plea of no contest and any conviction that been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

19. Are you in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code? Yes No

If yes, provide a detailed explanation.

NOTE: A license will not be issued until clearance has been received from the California Department of Justice (DOJ) and the Federal Bureau of Investigation. See DOJ’s Instructions for fingerprinting at www.dbc.ca.gov/applicants/fingerprinting.shtml

DECLARATION

Executed in _____, on the _____ Day of _____, 20____
City, State

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.

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 and any attachments hereto is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

Important information: You must report to the Board the results of any action which have been filed or were pending 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 the Business & Professions Code, Section 480(c).