TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA

PROPOSED TEXT

Applications for Dentist Licensure and Fees

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strikethrough~~ for deleted text.

Amend Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1021. Examination, Permit and License Fees for Dentists.

The following nonrefundable fees are set for dentist examination and licensure by the Board, and for other licensee, registrant, or applicant types specified below [FN**]:

(a) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) and (c)(2) of the Business and Professions Code (the Code) $~~400~~490

(b) Initial application for those applicants qualifying pursuant to Section 1634.1 of the Code $800

~~(c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) of the Code $400~~

(~~d~~c) Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code $525

(~~e~~d) Initial License $650 [FN*]

(~~f~~e) Biennial License Renewal fee $650

(~~g~~f) Biennial License Renewal fee for those qualifying pursuant to Section 1716.1 of the Code shall be one half of the renewal fee prescribed by subsection (~~f~~e).

(~~h~~g) Delinquency fee--License Renewal--The delinquency fee for license renewal shall be the amount prescribed by Section 1724(f) of the Code.

(~~i~~h) Substitute Certificate or Pocket License $111

(~~j~~i) Application for an Additional Office Permit $350

(~~k~~j) Biennial Renewal of Additional Office Permit $250

(~~l~~k) Late Change of Practice Registration $50

(~~m~~l) Fictitious Name Permit
The fee prescribed by Section 1724.5 of the Code

(~~n~~m) Fictitious Name Permit Renewal $325

(~~o~~n) Delinquency fee--Fictitious Name Permit Renewal.
The delinquency fee for Fictitious Name Permits shall be one-half of the Fictitious Name Permit renewal fee

(~~p~~o) Continuing Education Registered Provider fee $410

(~~q~~p) Application for General Anesthesia or Moderate Sedation Permit $524

(~~r~~q) Application for Pediatric Minimal Sedation Permit $459

(~~s~~r) General Anesthesia (for dentist and physician licensees) or Moderate Sedation Permit Renewal fee $325

(~~t~~s) Pediatric Minimal Sedation Permit Renewal fee $182

(~~u~~t) General Anesthesia or Moderate Sedation On-site Inspection and Evaluation fee $2,000

(~~v~~u) Application for a Special Permit $1,000

(~~w~~v) Special Permit Renewal $125

(~~x~~w) Initial Application for an Elective Facial Cosmetic Surgery Permit $850

(~~y~~x) Elective Facial Cosmetic Surgery Permit Renewal $800

(~~z~~y) Application for an Oral and Maxillofacial Surgery Permit $500

(~~aa~~z) Oral and Maxillofacial Surgery Permit Renewal $650

(a~~b~~a) Continuing Education Registered Provider Renewal $325

(a~~c~~b) License Certification $50

(a~~d~~c) Application for Law and Ethics Examination $~~125~~180

(a~~e~~d) Application for ~~Use of Oral Conscious Sedation of~~ Adult Oral Conscious Sedation Certificate~~Patients~~ $459

(a~~f~~e) Adult Oral Conscious Sedation Certificate Renewal $168

(a~~g~~f) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees) $532

(a~~h~~g) Application for Pediatric Endorsement for Moderate Sedation Permit $532

[FN*]
Fee pro-rated based on applicant's birth date.
[FN**]
Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the Code.

NOTE: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1638, 1638.1, 1638.3, 1640, 1640.3, 1646.2, 1646.6, 1647.3, 1647.8, 1647.20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

§ 1028. Application for Licensure.

(a) An applicant for licensure as a dentist qualifying pursuant to Section 1632(c)(1) or (2) of the Code shall submit to the Board a completed application as specified in subsection (b) and meet the other applicable requirements of this section. ~~shall submit an "Application for Licensure to Practice Dentistry" (WREB) Form 33A-22W (Revised 11/06), which is hereby incorporated by reference, or "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014), which are hereby incorporated by reference,~~

(1) For purposes of this section "submit to the Board" means to transmit an application and, if applicable, the initial application fee required by Section 1021 ("required fee") by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office at the address listed on the Board's website, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the Board's website in accordance with subparagraph (B) of paragraph (2).

(2) (A) For applications submitted by mail or hand delivery, the application and required fee, if applicable, shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. The required fee shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(B) For applications submitted electronically through the online services system, the applicant shall complete the application according to the following requirements:

1. The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

2. After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

3. Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

4. Except as otherwise specified in paragraphs (3), (4), (16) of subsection (b), any documents required to be submitted as part of the application set forth in subsection (b) shall be submitted through the online services system as a .pdf of the document submitted as an attachment to the application.

5. The required fee shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board, and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

(b) A completed ~~A~~a applications ~~be accompanied by~~ include the following information and fees:

(1) The non-refundable initial application ~~and examination(s)~~ fees as set by Section 1021 unless the applicant meets the requirements for waiver of the fee specified in paragraph (8);

(2) Satisfactory evidence that the applicant has met all applicable requirements in Sections 1628 and 1632 of the Code;

(3) The applicant shall furnish two classifiable sets of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the Board to conduct a criminal history record check in accordance with subsection (e). The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check as set forth in subsection (e);

(4) Where applicable, a record of any previous dental practice and certification ~~of~~ from the applicant's licensing entity or jurisdiction containing the applicant's license number, date of issue, and license status in each state or jurisdiction in which licensure as a dentist has been attained. Certifications sent by mail ~~must~~shall be sent to the attention of the Board's Licensing and Examination Unit at the Board's office, or electronically scanned and emailed to the Board directly by the licensing entity or jurisdiction to DentalBoard@dca.ca.gov;

(5) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)),

(B) Other name(s) applicant has used or has been known by,

(C) Applicant's physical address,

(D) Applicant's ~~social security number, address of residency,~~ mailing address if different from the applicant's physical address ~~of residency~~. The mailing address may be a post office box number or other alternative address,

(E) Applicant's email address, if any,

(F) Applicant's ~~date of birth,~~ telephone number(s),

(G) Applicant's Social Security Number or Individual Taxpayer Identification Number; and,

(H) Applicant's birthdate (month, day, and year) ~~and gender of applicant~~;

(6) Whether the applicant is serving in, or has previously served in, the United States military;

(7) Whether the applicant is seeking expedited processing of their application based on service as an active duty member of the Armed Forces of the United States and being honorably discharged, pursuant to subdivision (a) of Section 115.4 of the Code. If the

answer is “yes”, the applicant shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge;

(8) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active duty military orders. If the answer is “yes”, the applicant shall provide the following documentation with the application to receive expedited review and an initial application fee waiver per Section 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces of the United States,

(B) A copy of the applicant’s current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner’s duty station in California;

(9) Whether the applicant is seeking expedited processing of their application based on immigration status pursuant to Section 135.4 of the Code. If the answer is “yes”, in order to receive expedited review of an application, the applicant shall indicate whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or,

(C) 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].

(10) Additionally, if the applicant answers “yes” to the question in paragraph (9), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) 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,

(B) Special Immigrant Visa that includes the “SI” or “SQ”,

(C) 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, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code;

(11) Whether the applicant is an active duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense’s SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code and is requesting expedited processing of their application pursuant to subdivision (b) of Section 115.4 of the Code. If the answer is “yes”, the applicant shall provide with their application a copy of an official approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by the applicant’s first field grade commanding officer that specifies the applicant’s name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates);

(12) Information as to whether the applicant is currently registered with the federal Drug Enforcement Administration (DEA) to prescribe or dispense controlled substances. If the applicant answers “yes,” the applicant shall provide their DEA registration number;

(~~6~~13) Information as to whether the applicant has ever taken the California Law and Ethics written examination;

(~~7~~14) Any request for accommodation pursuant to the Americans with Disabilities Act;

~~(8) A 2-inch by 2-inch passport style photograph of the applicant, submitted with the “Application for Licensure to Practice Dentistry (WREB)” Form 33A-22W (Revised 11/06), or “Application for Determination of Licensure Eligibility (Portfolio)” Form 33A-22P (New 11/2014);~~

(~~9~~15) Information regarding the applicant's education including dental education and postgraduate study, if applicable. This information shall include the name(s) and location(s) of institution(s) attended, periods of attendance (showing dates listed by month and year), the type of degree or diploma granted, and the date such degree or diploma was granted;

(~~10~~16)(A) A document containing an acceptable ~~C~~certification meeting the requirements of this paragraph from the dean of the qualifying dental school attended by the applicant to certify the date the applicant graduated. An acceptable certification shall include:

1. The name of the dental school,

2. The date the applicant first enrolled in the school's educational program,

3. The applicant's years of attendance,

4. The date the applicant completed the clinical and didactic requirements of the educational program and graduated,

5. The type of degree granted to the applicant by the dental school,

6. A statement, signed and dated by the dean of the dental school, stating that they hereby certify that the information provided in this certification is true and correct; and,

7. The seal of the dental school.

(B) An acceptable certification must be either sent to the Board by the applicant or dental school by mail to the attention of the Board's Licensing and Examination Unit at the Board's office, or electronically scanned and emailed to the Board directly by the dental school to DentalBoard@dca.ca.gov. Certifications sent by mail to the Board must contain an original signature and original seal of the dental school on the document itself; copies will not be accepted;

~~(11) Information regarding whether the applicant has any pending or had in the past any charges filed against a dental license or other healing arts license;~~

(17) A written statement, signed and dated by the applicant, that states the applicant authorizes the release to the Board of any information about the applicant from the National Practitioner Data Bank and verification of registration status with the DEA;

(1~~2~~8) Excluding actions based upon the applicant's criminal conviction history, ~~i~~information regarding any prior disciplinary action(s) taken against the applicant within the preceding seven years from the date of the application regarding any dental license or other healing arts license held by the applicant including actions by the United States Military, United States Public Health Service, DEA, or other federal or state government entity ("licensing jurisdiction"). "Disciplinary action" includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If an applicant answers "yes", ~~he or she~~ the applicant shall provide ~~the date of~~ a written

statement that includes the name of the licensing jurisdiction, the effective date of disciplinary action, the state, district, or territory where the discipline occurred, the date(s) when the conduct occurred, the charges ~~convicted of~~proven, the disposition of the action, and any other information requested by the ~~b~~Board;

(1~~3~~9) Excluding investigations related to the applicant's criminal conviction history, ~~l~~information as to whether the applicant is currently the subject of any pending investigation by any governmental entity. If the applicant answers "yes," the applicant ~~he or she~~ shall provide any additional information requested by the ~~b~~Board if known to the applicant, including the date the pending investigation was initiated, the name of the licensing entity or jurisdiction, and a description of the allegations that are still pending at the time of application;

(~~14~~20) Excluding denials based upon the applicant's criminal conviction history, ~~l~~information regarding any instances in which the applicant was denied a dental license or DEA registration, denied permission to practice dentistry, or denied permission to take a dental board examination. If the applicant answers "yes", ~~he or she~~ the applicant shall provide the state or country where the denial took place, the date of the denial, the reason for denial, and any other information requested by the ~~b~~Board;

(~~15~~21) Excluding surrenders based upon the applicant's criminal conviction history, ~~l~~information as to whether the applicant has ever surrendered a license to practice dentistry in another state or country. If the applicant answers "yes," additional information shall be provided including state or country of surrender, date of surrender, reason for surrender, and any other information requested by the ~~b~~Board;

~~(16) Information as to whether the applicant is in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code;~~

(22) A written statement, signed and dated by the applicant, that they have read the following 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."

(23) A written statement, signed and date by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information to the Dental Board of California (Board) 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 California Business and Professions Code (BPC) sections 1628, 1628.5, 1629, and 1632, and California Code of Regulations, title 16, 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 Family Code section 17520, 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 California Civil Code section 1798.40 of the Information Practices Act of 1977 (Civ. Code, §§ 1798 and following).

Except for your SSN or ITIN, information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed 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 Board's 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.

(~~17~~24) A certification, under the penalty of perjury under the laws of the State of California, signed and dated by the applicant that the information provided by the applicant on or with the application is true and correct.

(c) In addition to complying with the applicable provisions contained in subsection~~s (a) through~~ (b) above, an applicant ~~submitting an "Application for Licensure to Practice Dentistry" (WREB) Form 33A-22W (Revised 11/06),~~ for licensure as a dentist who seeks to qualify upon passage of Western Regional Examining Board ("WREB") examination shall also furnish evidence of having successfully passed ~~on or after January 1, 2005,~~ the WREB examination within five years prior to the date of their application. Applicants shall authorize the CDCA-WREB-CITA (hereinafter referred to as the "test administrator") to provide the Board the applicant's cumulative score report showing the applicant's name, test date, the examination taken, and that the applicant passed all portions of the examination as evidence of having successfully passed the WREB examination within five years prior to the date of their application. The applicant shall sign any release, waiver, or consent forms required by the test administrator to authorize the release and submission of their cumulative score report to the Board electronically. Receipt by the Board of the cumulative score report meeting the requirements of this section shall be deemed in compliance with the examination requirements of paragraph (1) of subdivision (c) of Section 1632 of the Code.

(d) In addition to complying with the applicable provisions contained in subsection (b) above, an applicant for licensure who seeks to qualify upon passage of the American Board of Dental Examiners, Inc.'s "ADEX" examination shall also authorize the test

administrator to provide the Board the applicant's cumulative score report showing the applicant's name, test date, the examination taken, and that the applicant passed all portions of the examination as evidence of having successfully passed the ADEX examination within five years prior to the date of their application. The applicant shall sign any release, waiver, or consent forms required by the test administrator to authorize the release and submission of their cumulative score report to the Board electronically. Receipt by the Board of the cumulative score report meeting the requirements of this section shall be deemed in compliance with the examination requirements of paragraph (2) of subdivision (c) of Section 1632 of the Code.

(e) Fingerprinting Requirements. All applicants shall have met the fingerprinting requirements of this subsection prior to issuance of a license to practice dentistry.

(1) Subject to paragraph (3), all applicants shall submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form "Request for Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(2) Each applicant shall take the completed Request for Live Scan Service form to a Live Scan location to have their fingerprints taken by the operator. The applicant shall pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks and Live Scan locations, please visit the Office of the Attorney General website at: https://oag.ca.gov/fingerprints.

(3) Applicants residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency in their state of residence, using fingerprint cards. Applicants shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order, or certified check), payable to the "Dental Board of California," to:

Dental Board of California
Attention: Licensing and Examination Unit
2005 Evergreen St., Suite 1550
Sacramento, CA 95815

(4) Resubmission process. Applicants will be notified in writing by the Board if the first fingerprint card or Live Scan fingerprints are rejected. If rejected, applicants submitting

under paragraph (3) will have their second fingerprint card resubmitted to the Department of Justice on their behalf by the Board. Applicants submitting fingerprints through Live Scan as set forth in paragraph (1) must follow the instructions on the Board's rejection letter, and resubmit fingerprints as described under the process in paragraphs (1) and (2).

~~(d) In addition to complying with the applicable provisions contained in subsections (a) through (b) above, an applicant submitting an "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014) shall also furnish certification from the dean of the qualifying dental school attended by the applicant to certify the applicant has graduated with no pending ethical issues;~~

~~(e) An "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014) may be submitted prior to graduation, if the application is accompanied by a certification from the school that the applicant is expected to graduate. The Board shall not issue a license, until receipt of a certification from the dean of the school attended by the applicant, certifying the date the applicant graduated with no pending ethical issues on school letterhead.~~

~~(1) The earliest date upon which a candidate may submit their portfolio for review by the board shall be within 90 days of graduation. The latest date upon which a candidate may submit their portfolio for review by the board shall be no more than 90 days after graduation.~~

~~(2) The candidate shall arrange with the dean of his or her dental school for the school to submit the completed portfolio materials to the Board.~~

~~(3) The Board shall review the submitted portfolio materials to determine if it is complete and the candidate has met the requirements for Licensure by Portfolio Examination.~~

(f) After receipt of the application required by this section, an applicant shall receive written confirmation of the receipt of their application and their assigned application file number ("file number") from the Board to be used in all communications with the Board. The Board shall mail a written deficiency letter or an approval letter notifying the applicant of the requirements of Section 1028.4, as applicable, to the applicant that includes confirmation of receipt and lists their file number.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 30, 31, 114.5, 115.4, 115.5, 135.4, 144, 480, 494.5, 1625.5, 1628, 1628.5, 1629 ~~and~~ 1632 and 1650.1, Business and Professions Code; Sections 1633.2, 1633.7 and 1798.17, Civil Code; Sections 16.5, 6157, 6159 and 6162, Government Code.

§ 1028.4. Application for Issuance of License Number and Registration of Place of Practice Pursuant to Section 1650.

(a) ~~Upon being found eligible for licensure~~ Within 30 days of the date of receiving written approval and notice of their eligibility for licensure as a dentist from the Board per Section 1028, the applicant shall ~~file~~ submit to the Board a completed application as specified in subsection (b) and meet the other applicable requirements of this section to obtain a license number and be deemed compliant with Section 1650 of the Code.

(1) For the purposes of this section "submit to the Board" means to transmit an application and, if applicable, the initial license fee required by Section 1021 ("required fee") by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the Board's website in accordance with subparagraph (B) of paragraph (2).

(2) (A) For applications submitted by mail or hand delivery, the application and required fee, if applicable, shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. The required fee shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(B) For applications submitted electronically through the online services system, the applicant shall complete the application according to the following requirements:

1. The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

2. After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

3. Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

4. Any documents required to be submitted as part of the application set forth in subsection (b) shall be submitted through the online services system as a .pdf of the document submitted as an attachment to the application.

5. The required fee shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

~~an "Application for Issuance of License Number and Registration of Place of Practice," (Rev. 02-07) that is incorporated herein by reference, and shall be accompanied by the licensure fee as set by Section 1021.~~

(b) A completed application for issuance of license number and registration of place of practice shall include the following:

(1) The initial license fee set forth in Section 1021 unless the applicant meets the requirements for waiver of the initial license fee as set forth in Section 115.5 of the Code and further specified in paragraph (5).

(2) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)).

(B) Applicant's address of record.

(C) Applicant's address of place of practice ("practice address"), if different from address of record. Applicants who do not have a practice address in California may leave this section blank.

(D) Applicant's telephone number.

(E) Applicant's email address.

(F) Applicant's file number, which is issued by the Board upon receipt of the application as described in subsection (f) of Section 1028.

(3) Whether the applicant is seeking expedited processing of their application based on service as an active duty member of the Armed Forces of the United States and being honorably discharged, pursuant to subdivision (a) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide the following documentation along with the

application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge.

(4) Whether the applicant is an active duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code and is requesting expedited processing of their application pursuant to subdivision (b) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide with their application a copy of an official approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates).

(5) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active duty military orders. If the answer is "yes", the applicant shall provide the following documentation with the application to receive expedited review and waiver of the initial license fee per Section 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces of the United States,

(B) A copy of the applicant's current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(6) Whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or,

(C) 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].

(7) If the applicant answers "yes" to the question in paragraph (6), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) 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,

(B) Special Immigrant Visa that includes the "SI" or "SQ",

(C) 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, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(8) A written statement, signed and date by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information to the Dental Board of California (Board) 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 compliance with California Business and Professions Code (BPC) section 1650 and California Code of Regulations, title 16, section 1028.4, 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.

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 Information Practices Act of 1977 (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. Information may also be disclosed 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.

The Board's 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.

(9) A certification, under the penalty of perjury under the laws of the State of California, signed and dated by the applicant, that the information provided by the applicant on or with the application is true and correct.

(c) If an applicant files an application per subsection (b) and leaves the practice address "blank," the licensee must immediately report their name, license number, and their practice address to the Board in writing, if and when the licensee has a practice address in California, by either of the following methods: (1) by mail to the attention of the Board's Licensing and Examination Unit at the Board office at the address listed on the Board's website, or (2) by email to DentalBoard@dca.ca.gov.

NOTE: Authority cited: Sections 1614 and 1634.2(c), Business and Professions Code. Reference: Sections 115.4, 115.5, 135.4 and 1650, Business and Professions Code; Sections 1633.2, 1633.7 and 1798.17, Civil Code; Sections 16.5, 6157 and 6162, Government Code.

§ 1028.5. Application for California Law and Ethics Examination Pursuant to Section 1632(b).

(a) Application for the California law and ethics examination required by Section 1632 of the Code and Section 1031 shall be made ~~on an "Application for Law and Ethics Examination" (Rev. 12/07) that is incorporated herein by reference~~by submitting to the Board a completed application as specified in subsection (b) and meeting the other applicable requirements of this section.

(1) For the purposes of this section "submitting to the Board" means to transmit an application and the application for law and ethics examination fee required by Section 1021 ("required fee") by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the Board's website in accordance with subparagraph (B) of paragraph (2).

(2) (A) For applications submitted by mail or hand delivery, the application and required fee shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. The required fee shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(B) For applications submitted electronically through the online services system, the applicant shall submit the application according to the following requirements:

1. The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

2. After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

3. Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

4. Except as otherwise specified in paragraph (8) of subsection (b), any documents required to be submitted as part of the application set forth in subsection (b) shall be submitted through the online services system as a .pdf of the document submitted as an attachment to the application.

5. The required fee shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

(b) A completed application for the California law and ethics examination shall include the following:

(1) The application for law and ethics examination fee set forth in Section 1021.

(2) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)).

(B) Applicant's mailing address.

(C) Applicant's telephone number.

(D) Applicant's email address.

(E) Applicant's Social Security Number or Individual Taxpayer Identification Number.

(F) Applicant's birthdate (month, day, and year).

(3) Whether the applicant is requesting a reasonable accommodation pursuant to subdivision (b) of Section 12944 of the Government Code. If the applicant affirmatively states they are requesting an accommodation, the applicant shall provide medical documentation consisting of a written document with the name, license number, telephone number, date, and signature of a physician confirming the existence of the applicant's disability or medical condition (as defined in Section 12926 of the Government Code) and the need for the reasonable accommodation.

(4) Whether the applicant is seeking expedited processing of their application based on service as an active duty member of the Armed Forces of the United States and being honorably discharged, pursuant to subdivision (a) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge.

(5) Whether the applicant is an active duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code and is requesting expedited processing of their application pursuant to subdivision (b) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide with their application a copy of an official approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates).

(6) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active duty military orders. If the answer is "yes", the applicant shall provide the following documentation with the application to receive expedited review per Section 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces of the United States,

(B) A copy of the applicant's current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(7) Whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or,

(C) 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].

(8) If the applicant answers “yes” to the question in paragraph (7), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) 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,

(B) Special Immigrant Visa that includes the “SI” or “SQ”,

(C) 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, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(9) (A) A document containing an acceptable certification meeting the requirements of this paragraph from the dean of the qualifying dental school attended by the applicant to certify the date the applicant graduated or is expected to graduate. An acceptable certification shall include:

1. The name of the dental school,

2. The date the applicant first enrolled in the school’s educational program,

3. The applicant’s years of attendance,

4. The date the applicant completed the clinical and didactic requirements of the educational program,

5. The type of degree granted to the applicant by the dental school or the date the applicant is expected to graduate and receive their degree,

6. A statement, signed and dated by the dean of the dental school, stating that they hereby certify that the information provided in this certification is true and correct; and,

7. The seal of the dental school.

(B) An acceptable certification must be either sent to the Board by the applicant or dental school by mail to the attention of the Board’s Licensing and Examination Unit at the Board’s office, or electronically scanned and emailed to the Board directly by

the dental school to DentalBoard@dca.ca.gov. Certifications sent by mail to the Board must contain an original signature and original seal of the dental school on the document itself; copies will not be accepted.

(10) A written statement, signed and dated by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information to the Dental Board of California (Board) 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 examination and licensure per California Business and Professions Code (BPC) sections 1628, 1629 and 1632 and California Code of Regulations, title 16, section 1028.5, 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 Family Code section 17520, 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 Information Practices Act of 1977 (Civ. Code, §§ 1798 and following).

Except for your SSN or ITIN, information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed 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.

The Board's 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.

(11) A certification, under the penalty of perjury under the laws of the State of California, signed and dated by the applicant, that the information provided by the applicant on or with the application is true and correct.

NOTE: Authority cited: Sections 1614 and 1634.2(c), Business and Professions Code. Reference: Sections 30, 31, 115.4, 115.5, 135.4 and 1632, Business and Professions Code; Sections 1633.2, 1633.7 and 1798.17, Civil Code; Sections 16.5, 6157 and 6162, Government Code.

§ 1030. Theory Examination.

An applicant shall successfully complete the National Board Dental Examinations of the Joint Commission on National Dental Examinations and shall submit confirmation thereof to the Board within one year from the date of submission of the application in Section 1028 in compliance with this section. ~~prior to submission of the "Application for Issuance of License Number and Registration of Place of Practice," (Rev. 11-07)~~ Applicants shall submit proof of successful completion to the Board using one of the following methods:

(a) The applicant's submission of an original score card by mail with postage prepaid or by hand delivery to the Board office at the address listed on the Board's website, and that is issued by the Joint Commission on National Dental Examinations ("Joint Commission") containing all of the following:

(1) Name of the applicant;

(2) Test date;

(3) Name of the examination taken;

(4) Status showing a "pass" for all required sections (either Part I and Part II, or the Integrated National Board Dental Examination); and

(5) Printed on the Joint Commission's proprietary watermark and colored paper.

(b) The applicant shall access online the Joint Commission's website at www.jcnde.ada.org, and follow all instructions required by the Joint Commission to authorize the electronic release and email of the applicant's National Board Dental Examination (NBDE) score directly to the Board to the following email address: DentalBoard@dca.ca.gov. The email from the Joint Commission shall contain all of the following to confirm the applicant's score: first and last name of the applicant; name of the examination taken; the applicant's birth date; the applicant's exam date; the applicant's score result; and, whether the applicant passed or failed the examination.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1634.1, Business and Professions Code.

~~§ 1032. Portfolio Examination: Eligibility.~~

~~The portfolio examination shall be conducted while the candidate is enrolled in a Board-approved dental school located in California. A student may elect to begin the portfolio examination process during the clinical training phase of their dental education.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630 and 1632, Business and Professions Code.~~

~~§ 1032.1. Portfolio Examination: Definitions.~~

~~As used in this Article, the following definitions shall apply:~~

~~(a) "Candidate" means a dental student who is taking the examination for the purpose of applying to the Board for licensure.~~

~~(b) "Case" means a dental procedure which satisfies the required clinical experiences.~~

~~(c) "Clinical experiences" means procedures, performed with or without faculty intervention, that the candidate must complete to the satisfaction of his or her clinical faculty prior to submission of his or her portfolio examination application. Clinical experiences have been determined as a minimum number in order to provide a candidate with sufficient understanding, knowledge, and skill level to reliably demonstrate competency.~~

~~(d) "Competency examination" means a candidate's final assessment in a portfolio examination competency, performed without faculty intervention and graded by competency examiners registered with the Board.~~

(e) “Critical error” means a gross error that is irreversible or may impact the patient’s safety and wellbeing.

(f) “Patient management” means the interaction between patient and candidate from initiation to completion of treatment, including any post-treatment complications that may occur.

(g) “Portfolio” means the cumulative documentation of clinical experiences and competency examinations submitted to the Board.

(h) “Portfolio competency examiner” means the dental school faculty examiner. The portfolio competency examiner shall be a faculty member chosen by the school, registered with the Board, and shall be trained and calibrated to conduct and grade the portfolio competency examinations.

(i) “School” means a Board-approved dental school located in California.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632, Business and Professions Code.

§ 1032.2. Portfolio Examination: Requirements for Demonstration of Clinical Experience.

(a) Each candidate shall complete at least the minimum number of clinical experiences in each of the competencies prior to submission of their portfolio to the Board. All clinical experiences shall be performed on patients under the supervision of school faculty and shall be included in the portfolio submitted to the Board. Clinical experience shall be performed at the dental school clinic, an extramural dental facility or a mobile dental clinic approved by the Board. The portfolio shall contain documentation that the candidate has completed the minimum number of clinical experiences as follows:

(1) Oral diagnosis and treatment planning (ODTP) clinical experiences shall include a minimum of twenty (20) patient cases. Clinical experiences for ODTP include: comprehensive oral evaluations, limited (problem-focused) oral evaluations, and periodic oral evaluation.

(2) Direct restorative clinical experiences shall include a minimum of sixty (60) restorations. The restorations completed in the clinical experiences may include any restoration on a permanent or primary tooth using standard restorative materials including: amalgams, composites, crown build-ups, direct pulp caps, and temporizations.

(3) Indirect restorative clinical experiences shall include a minimum of fourteen (14) restorations. The restorations completed in the clinical experiences may be a combination of the following procedures: inlays, onlays, crowns, abutments, pontics, veneers, cast posts, overdenture copings, or dental implant restorations.

(4) Removable prosthodontic clinical experiences shall include a minimum of five (5) prostheses. One of the five prostheses may be used as a portfolio competency examination provided that it is completed in an independent manner with no faculty intervention. A prosthesis shall include any of the following: full denture, partial denture (cast framework), partial denture (acrylic base with distal extension replacing a minimum number of three posterior teeth), immediate treatment denture, or overdenture retained by a natural tooth or dental implants.

(5) Endodontic clinical experiences on patients shall include five (5) canals or any combination of canals in three separate teeth.

(6) Periodontal clinical experiences shall include a minimum of twenty-five (25) cases. A periodontal experience shall include the following: An adult prophylaxis, treatment of periodontal disease such as scaling and root planing, any periodontal surgical procedure, and assisting on a periodontal surgical procedure when performed by a faculty or an advanced education candidate in periodontics. The combined clinical periodontal experience shall include a minimum of five (5) quadrants of scaling and root planning procedures.

(b) Completion of all required clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be included in the candidate's portfolio.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

§ 1032.3. Portfolio Examination: Oral Diagnosis and Treatment Planning (ODTP).

(a) The portfolio examination shall contain the following documentation of the minimum ODTP clinical experiences and documentation of ODTP portfolio competency examination:

(1) Evidence of successful completion of the ODTP clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New

~~08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.~~

~~(2) Documentation providing proof of satisfactory completion of a final assessment in the ODTP competency examination. For purpose of this section, satisfactory proof means the ODTP competency examination has been approved by the designated dental school faculty.~~

~~(b) Competency Examination Requirements: The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The ODTP competency examination shall include:~~

~~(1) Fifteen (15) scoring factors:~~

~~(A) Medical Issues That Impact Dental Care;~~

~~(B) Treatment Modifications Based on Medical Conditions;~~

~~(C) Patient Concerns/Chief Complaint;~~

~~(D) Dental History;~~

~~(E) Significant Radiographic Findings;~~

~~(F) Clinical Findings;~~

~~(G) Risk Level Assessment;~~

~~(H) Need for Additional Diagnostic Tests/Referrals;~~

~~(I) Findings From Mounted Diagnostic Casts;~~

~~(J) Comprehensive Problem List;~~

~~(K) Diagnosis and Interaction of Problems;~~

~~(L) Overall Treatment Approach;~~

~~(M) Phasing and Sequencing of Treatment;~~

~~(N) Comprehensiveness of Treatment Plan; and~~

~~(O) Treatment Record.~~

~~(2) Initiation and completion of one (1) multidisciplinary portfolio competency examination.~~

~~(3) The treatment plan shall involve at least three (3) of the following six disciplines: periodontics, endodontics, operative (direct and indirect restoration), fixed and removable prosthodontics, orthodontics, and oral surgery.~~

~~(4) Patient's Medical History: The medical history shall include: an evaluation of past illnesses and conditions, hospitalizations and operations, allergies, family history, social history, current illnesses and medications, and their effect on dental condition.~~

~~(5) Patient's Dental History: The dental history shall include: age of previous prostheses, existing restorations, prior history of orthodontic/periodontic treatment, and oral hygiene habits/adjuncts.~~

~~(6) Documentation of a comprehensive examination of patient's current oral health condition and vital signs. The documentation shall include:~~

~~(A) Interpretation of radiographic series;~~

~~(B) Performance of caries risk assessment;~~

~~(C) Determination of periodontal condition;~~

~~(D) Performance of a head and neck examination, including oral cancer screening;~~

~~(E) Screening for temporomandibular disorders;~~

~~(F) Assessment of vital signs;~~

~~(G) Performance of a clinical examination of dentition; and~~

~~(H) Performance of an occlusal examination.~~

~~(7) Documentation the candidate evaluated data to identify problems. The documentation shall include:~~

~~(A) Chief complaint;~~

~~(B) Medical problem;~~

~~(C) Stomatognathic problems; and~~

~~(D) Psychosocial problems.~~

~~(8) Documentation the candidate worked-up the problems and developed a tentative treatment plan. The documentation shall include:~~

~~(A) Problem definition, e.g., severity/chronicity and classification;~~

~~(B) Determination if additional diagnostic tests are needed;~~

~~(C) Development of a differential diagnosis;~~

~~(D) Recognition of need for referral(s);~~

~~(E) Pathophysiology of the problem;~~

~~(F) Short term needs;~~

~~(G) Long term needs;~~

~~(H) Determination interaction of problems;~~

~~(I) Development of treatment options;~~

~~(J) Determination of prognosis; and~~

~~(K) Patient information regarding informed consent.~~

~~(9) Documentation the candidate developed a final treatment plan. The documentation shall include:~~

~~(A) Rationale for treatment;~~

~~(B) Problems to be addressed, or any condition that puts the patient at risk in the long term; and~~

~~(C) Determination of sequencing with the following framework:~~

~~(i) Systemic: medical issues of concern, medications and their effects, effect of diseases on oral condition, precautions, treatment modifications;~~

~~(ii) Urgent: Acute pain/infection management, urgent esthetic issues, further exploration/additional information, oral medicine consultation, pathology;~~

(iii) Preparatory: Preventive interventions, orthodontic, periodontal (Phase I, II), endodontic treatment, caries control, other temporization;

(iv) Restorative: operative, fixed, removable prostheses, occlusal splints, implants;

(v) Elective: esthetic (veneers, etc.) any procedure that is not clinically necessary, replacement of sound restoration for esthetic purposes, bleaching; and

(vi) Maintenance: periodontic recall, radiographic interval, periodic oral examination, caries risk management.

(c) Acceptable Patient Criteria for ODTP Competency Examination. The patient used for the competency examination shall meet the following criteria:

(1) Maximum of ASA II, as defined by the American Society of Anesthesiologists (ASA) Physical Status Classification System;

(2) Missing or will be missing two or more teeth, not including third molars; and

(3) At least moderate periodontitis with probing depths of 5 mm or more.

(d) Competency Examination Scoring: The scoring system used for the ODTP competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error.

(2) A score of 1 is unacceptable; major deviations that are correctable

(3) A score of 2 is acceptable; minimum competence

(4) A score of 3 is adequate; less than optimal

(5) A score of 4 is optimal

A score rating of "2" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.4. Portfolio Examination: Direct Restoration.

~~(a) The portfolio examination shall contain the following documentation of the minimum direct restoration clinical experiences and documentation of the direct restoration portfolio competency examination:~~

~~(1) Evidence of successful completion of the direct restoration clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.~~

~~(2) Documentation providing proof of satisfactory completion of a final assessment in the direct restoration competency examination. For purpose of this section, satisfactory proof means the direct restoration competency examination has been approved by the designated dental school faculty.~~

~~(b) Competency Examination Requirements: The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The direct restoration portfolio shall include documentation of the candidate's clinical competency to perform a direct restoration on teeth containing primary carious lesions to optimal form, function and esthetics using amalgam or composite restorative materials. The case selection shall be based on minimum direct restoration criteria for any permanent anterior or posterior teeth. Each procedure may be considered a clinical experience. The direct restoration competency examination shall include:~~

~~(1) Seven (7) scoring factors:~~

~~(A) Case Presentation;~~

~~(B) Outline and Extensions;~~

~~(C) Internal Form;~~

~~(D) Operative Environment;~~

~~(E) Anatomical Form;~~

~~(F) Margins; and~~

~~(G) Finish and Function.~~

~~(2) Two (2) restorations: One (1) Class II amalgam or composite, maximum one slot preparation; and one (1) Class III/IV composite.~~

(3) Restoration can be performed on an interproximal lesion on one interproximal surface in an anterior tooth that does not connect with a second interproximal lesion which can be restored separately.

(4) A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.

(5) Patient Management. The candidate shall be familiar with the patient's medical and dental history.

(6) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Direct Restoration Examination: The tooth used for each of the competency examinations shall meet the following criteria:

(1) A Class II direct restoration shall be performed on any permanent posterior tooth.

(A) The treatment shall be performed in the sequence described in the treatment plan.

(B) More than one test procedure shall be performed on a single tooth; teeth with multiple lesions may be restored at separate appointments.

(C) Caries as shown on either of the two required radiographic images of an unrestored proximal surface shall extend to or beyond the dento-enamel junction.

(D) The tooth to be treated shall be in occlusion.

(E) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces.

(F) The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment.

(G) Any tooth with bonded veneer is not acceptable.

(2) A Class III/IV direct restoration shall be performed on any permanent anterior tooth.

(A) The treatment shall be performed in the sequence described in the treatment plan.

(B) Caries as shown on the required radiographic image of an unrestored proximal surface shall extend to or beyond the dento-enamel junction.

(C) Carious lesions shall involve the interproximal contact area.

(D) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces.

(E) The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment.

(F) The lesion shall not be acceptable if it is in contact with circumferential decalcification.

(G) Procedural approach shall be appropriate for the lesion on the tooth.

(H) Any tooth with bonded veneer is not acceptable.

(d) Competency Examination Scoring. The scoring system used for the direct restoration competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error.

(2) A score of 1 is unacceptable; multiple major deviations that are correctable.

(3) A score of 2 is unacceptable; one major deviation that is correctable.

(4) A score of 3 is acceptable; minimum competence.

(5) A score of 4 is adequate; less than optimal.

(6) A score of 5 is optimal.

A score rating of "3" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 16327 and 1632.1, Business and Professions Code.

§ 1032.5. Portfolio Examination: Indirect Restoration.

~~(a) The portfolio examination shall contain the following documentation of the minimum indirect restoration clinical experiences and documentation of the indirect restoration portfolio competency examination:~~

~~(1) Evidence of successful completion of the indirect restoration clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.~~

~~(2) Documentation providing proof of satisfactory completion of a final assessment in the indirect restoration competency examination. For purpose of this section, satisfactory proof means the indirect restoration competency examination has been approved by the designated dental school faculty.~~

~~(b) Competency Examination Requirements: The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The indirect restoration competency examination shall include documentation of the candidate's competency to complete a ceramic onlay or more extensive, a partial gold restoration onlay or more extensive, a metal-ceramic restoration, or full gold restoration. The indirect restoration competency examination shall include:~~

~~(1) Seven (7) scoring factors:~~

~~(A) Case Presentation;~~

~~(B) Preparation;~~

~~(C) Impression;~~

~~(D) Provisional;~~

~~(E) Candidate Evaluation of Laboratory Work;~~

~~(F) Pre-Cementation~~

~~(G) Cementation and Finish.~~

~~(2) One (1) indirect restoration which may be any of the following procedures.~~

~~(A) Ceramic restoration shall be onlay or more extensive;~~

~~(B) Partial gold restoration shall be onlay or more extensive;~~

~~(C) Metal ceramic restoration; or~~

~~(D) Full gold restoration.~~

~~(3) A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.~~

~~(4) Patient Management. The candidate shall be familiar with the patient's medical and dental history.~~

~~(5) Implementation of any treatment modifications needed that are consistent with the patient's medical history.~~

~~(c) Acceptable Criteria for Indirect Restoration Examination: The tooth used for the competency examination shall meet the following criteria:~~

~~(1) Treatment shall be performed in the sequence described in the treatment plan.~~

~~(2) The tooth shall be asymptomatic with no pulpal or periapical pathosis; cannot be in need of endodontic treatment.~~

~~(3) The tooth selected for restoration, shall have opposing occlusion that is stable.~~

~~(4) The tooth shall be in occlusal contact with a natural tooth or a permanent restoration. Occlusion with a full or partial denture is not acceptable.~~

~~(5) The restoration shall include at least one cusp.~~

~~(6) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the tooth adjacent to the planned restoration shall be either an enamel surface or a permanent restoration; temporary restorations or removable partial dentures are not acceptable adjacent surfaces.~~

~~(7) The tooth selected shall require an indirect restoration at least the size of an onlay or greater. The tooth selected cannot replace existing or temporary crowns.~~

~~(8) The candidate shall not perform any portion of the crown preparation in advance.~~

~~(9) The direct restorative materials which are placed to contribute to the retention and resistance form of the final restoration may be completed in advance, if needed.~~

~~(10) The restoration shall be completed on the same tooth and same patient by the same candidate.~~

~~(11) A validated lab or fabrication error will allow a second delivery attempt starting from a new impression or modification of the existing crown.~~

~~(12) Teeth with cast post shall not be allowed.~~

~~(13) A facial veneer is not acceptable documentation of the candidate's competency to perform indirect restorations.~~

(d) Competency Examination Scoring. The scoring system used for the indirect restoration competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error

(2) A score of 1 is unacceptable; multiple major deviations that are correctable

(3) A score of 2 is unacceptable; one major deviation that is correctable

(4) A score of 3 is acceptable; minimum competence

(5) A score of 4 is adequate; less than optimal

(6) A score of 5 is optimal

A score rating of "3" shall be deemed the minimum competence level of performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

§ 1032.6. Portfolio Examination: Removable Prosthodontics.

(a) The portfolio examination shall contain the following documentation of the minimum removable prosthodontic clinical experiences and documentation of the removable prosthodontic portfolio competency examination:

(1) Evidence of successful completion of the removable prosthodontic clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the removable prosthodontic competency examination. For purpose of this section, satisfactory proof means the removable prosthodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The removable prosthodontic competency examination shall include:

(1) One (1) of the following prosthetic treatments from start to finish on the same patient:

(A) Denture or overdenture for a single edentulous arch; or

~~(B) Cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch.~~

~~(2) Scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch or scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially endentulous arch, as follows:~~

~~(A) Nine (9) scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch, as follows:~~

~~(i) Patient Evaluation and Diagnosis~~

~~(ii) Treatment Plan and Sequencing~~

~~(iii) Preliminary Impressions~~

~~(iv) Border Molding and Final Impressions~~

~~(v) Jaw Relation Records~~

~~(vi) Trial Dentures~~

~~(vii) Insertion of Removable Prosthesis~~

~~(viii) Post-Insertion~~

~~(ix) Laboratory Services for Prosthesis~~

~~(B) Twelve (12) scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially endentulous arch, as follows:~~

~~(i) Patient Evaluation and Diagnosis~~

~~(ii) Treatment Plan and Sequencing~~

~~(iii) Preliminary Impressions~~

~~(iv) RPD Design~~

~~(v) Tooth Modification~~

~~(vi) Border Molding and Final Impressions~~

~~(vii) Framework Try-in~~

~~(viii) Jaw Relation Records~~

~~(ix) Trial Dentures~~

~~(x) Insertion of Removable Prosthesis~~

~~(xi) Post-Insertion~~

~~(xii) Laboratory Services for Prosthesis~~

~~(3) Documentation the candidate developed a diagnosis, determined treatment options and prognosis for the patient to receive a removable prosthesis. The documentation shall include:~~

~~(A) Evidence the candidate obtained a patient history, (e.g. medical, dental and psychosocial).~~

~~(B) Evaluation of the patient's chief complaint.~~

~~(C) Radiographs and photographs of the patient.~~

~~(D) Evidence the candidate performed a clinical examination, (e.g. hard/soft tissue charting, endodontic evaluation, occlusal examination, skeletal/jaw relationship, VDO, DR, MIP).~~

~~(E) Evaluation of existing prosthesis and the patient's concerns.~~

~~(F) Evidence the candidate obtained and mounted a diagnostic cast.~~

~~(G) Evidence the candidate determined the complexity of the case based on ACP classifications.~~

~~(H) Evidence the patient was presented with treatment plan options and assessment of the prognosis, (e.g. complete dentures, partial denture, overdenture, implant options, FPD).~~

~~(I) Evidence the candidate analyzed the patient risks/benefits for the various treatment options.~~

~~(J) Evidence the candidate exercised critical thinking and made evidence based treatment decisions.~~

~~(4) Documentation of the candidate's competency to successfully restore edentulous spaces with removable prosthesis. The documentation shall include:~~

~~(A) Evidence the candidate developed a diagnosis and treatment plan for the removable prosthesis.~~

~~(B) Evidence the candidate obtained diagnostic casts.~~

~~(C) Evidence the candidate performed diagnostic wax-up/survey framework designs.~~

~~(D) Evidence the candidate performed an assessment to determine the need for pre-prosthetic surgery and made the necessary referral.~~

~~(E) Evidence the candidate performed tooth modifications and/or survey crowns, when indicated.~~

~~(F) Evidence the candidate obtained master impressions and casts.~~

~~(G) Evidence the candidate obtained occlusal records.~~

~~(H) Evidence the candidate performed a try-in and evaluated the trial dentures.~~

~~(I) Evidence the candidate inserted the prosthesis and provided the patient with post-insertion care.~~

~~(J) Documentation the candidate followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).~~

~~(5) Documentation of the candidate's competency to manage tooth loss transitions with immediate or transitional prostheses. The documentation shall include:~~

~~(A) Evidence the candidate developed a diagnosis and treatment plan that identified teeth that could be salvaged and or teeth that needed extraction.~~

~~(B) Evidence the candidate educated the patient regarding the healing process, denture experience, and future treatment need.~~

~~(C) Evidence the candidate developed prosthetic phases which included surgical plans.~~

~~(D) Evidence the candidate obtained casts (preliminary and final impressions).~~

~~(E) Evidence the candidate obtained the occlusal records.~~

~~(F) Evidence the candidate did try-ins and evaluated trial dentures.~~

~~(G) Evidence the candidate competently managed and coordinated the surgical phase.~~

~~(H) Evidence the candidate provided the patient post insertion care including adjustment, relines and patient counseling within the established standards of care.~~

~~(I) Documentation the candidate followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).~~

~~(6) Documentation of the candidate's competency to manage prosthetic problems. The documentation shall include:~~

~~(A) Evidence the candidate competently managed real or perceived patient problems.~~

~~(B) Evidence the candidate evaluated existing prosthesis.~~

~~(C) Evidence the candidate performed uncomplicated repairs, relines, re-base, re-set or re-do, if needed.~~

~~(D) Evidence the candidate made a determination if specialty referral was necessary.~~

~~(E) Evidence the candidate obtained impressions/records/information for laboratory use.~~

~~(F) Evidence the candidate competently communicated needed prosthetic procedure to laboratory technician.~~

~~(G) Evidence the candidate inserted the prosthesis and provided the patient follow-up care.~~

~~(H) Evidence the candidate performed in-office maintenance, (e.g. prosthesis cleaning, clasp tightening and occlusal adjustments).~~

~~(7) Documentation the candidate directed and evaluated the laboratory services for the prosthesis. The documentation shall include:~~

(A) Complete laboratory prescriptions sent to the dental technician.

(B) Copies of all communications with the laboratory technicians.

(C) Evaluations of the laboratory work product, (e.g. frameworks, processed dentures).

(8) Prosthetic treatment for the examination shall include an immediate or interim denture.

(9) Patients shall not be shared or split between examination candidates.

(10) Patient Management. The candidate shall be familiar with the patient's medical and dental history.

(11) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(12) Case complexity shall not exceed the American College of Prosthodontics Class II for partially edentulous patients.

(c) Acceptable Criteria for Removable Prosthodontics Examination. Prosthetic procedures shall be performed on patients with supported soft tissue, implants, or natural tooth retained overdentures.

(d) Competency Examination Scoring. The scoring system used for the removable prosthodontics competency examination is defined as follows:

(1) A score of 1 is unacceptable with gross errors

(2) A score of 2 is unacceptable with major errors

(3) A score of 3 is minimum competence with moderate errors that do not compromise outcome

(4) A score of 4 is acceptable with minor errors that do not compromise outcome

(5) A score of 5 is optimal with no errors evident

A score rating of "3" shall be deemed the minimum competence level of performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

§ 1032.7. Portfolio Examination: Endodontics.

(a) The portfolio examination shall contain the following documentation of the minimum endodontic clinical experiences and documentation of the endodontic portfolio competency examination:

(1) Evidence of successful completion of the endodontic clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the endodontic competency examination. For purpose of this section, satisfactory proof means the endodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The endodontic examination shall include:

(1) Ten (10) scoring factors:

(A) Pretreatment Clinical Testing and Radiographic Imaging;

(B) Endodontic Diagnosis;

(C) Endodontic Treatment Plan;

(D) Anesthesia and Pain Control;

(E) Caries Removal, Removal of Failing Restorations, Evaluation of Restorability, Site Isolation;

(F) Access Opening;

(G) Canal Preparation Technique;

(H) Master Cone Fit;

(I) Obturation Technique;

(J) Completion of Case.

(2) One (1) clinical case.

(3) Documentation the candidate applied case selection criteria for endodontic case. The portfolio shall contain evidence the case selected met the American Association of

~~Endodontics case criteria for minimum difficulty such that treated teeth have uncomplicated morphologies, have signs and symptoms of swelling and acute inflammation and have not had previously completed or initiated endodontic therapy. The documentation shall include:~~

~~(A) The determination of the diagnostic need for endodontic therapy;~~

~~(B) Charting and diagnostic testing;~~

~~(C) A record of radiographs performed on the patient and an interpretation of the~~

~~(D) Evidence of a pulpal diagnosis within approved parameters, including consideration and determination following the pulpal diagnosis that it was within the approved parameters. The approved parameters for pulpal diagnosis shall be normal pulp, reversible pulpits, irreversible pulpits, and necrotic pulp.~~

~~(E) Evidence of a periapical diagnosis within approved parameters, including consideration and determination following the periapical diagnosis that it was within the approved parameters. The approved parameters for periapical diagnosis shall be normal periapex, asymptomatic apical periodontitis, symptomatic apical periodontitis, acute apical abscess, and chronic apical abscess.~~

~~(F) Evidence of development of an endodontic treatment plan that included trauma treatment, management of emergencies, and referrals when appropriate. An appropriate treatment plan may include an emergency treatment due to a traumatic dental injury or for relief of pain or acute infection. The endodontic treatment may be done at a subsequent appointment.~~

~~(4) Documentation the candidate performed pretreatment preparation for endodontic treatment. The documentation shall include:~~

~~(A) Evidence the patient's pain was competently managed.~~

~~(B) Evidence the caries and failed restorations were removed.~~

~~(C) Evidence of determination of tooth restorability.~~

~~(D) Evidence of appropriate isolation with a dental dam.~~

~~(5) Documentation the candidate competently performed access opening. The documentation shall include:~~

~~(A) Evidence of creation of the indicated outline form.~~

~~(B) Evidence of creation of straight line access.~~

~~(C) Evidence of maintenance of structural integrity.~~

(D) Evidence of completion of un-roofing of pulp chamber.

(E) Evidence of identification of all canal systems.

(6) Documentation the candidate performed proper cleaning and shaping techniques. The documentation shall include:

(A) Evidence of maintenance of canal integrity.

(B) Evidence of preservation of canal shape and flow.

(C) Evidence of applied protocols for establishing working length.

(D) Evidence of demonstration of apical control.

(E) Evidence of applied disinfection protocols.

(7) Documentation of performance of proper obturation protocols, including selection and fitting of master cone, determination of canal condition before obturation, and verification of sealer consistency and adequacy of coating.

(8) Documentation of demonstrated proper length control of obturation, including achievement of dense obturation of filling material and obturation achieved to a clinically appropriate height for the planned definitive coronal restoration.

(9) Documentation of a competently completed endodontic case, including evidence of an achieved coronal seal to prevent recontamination and creation of diagnostic, radiographic, and narrative documentation.

(10) Documentation of provided recommendations for post-endodontic treatment, including evidence of recommendations for final restoration alternatives and recommendations for outcome assessment and follow-up.

(11) Patient Management. The candidate shall be familiar with the patient's medical and dental history.

(12) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Endodontics Competency Examination. The procedure shall be performed on any tooth to completion by the same candidate on the same patient. A "completed case" means a tooth with an acceptable and durable coronal seal.

(d) Competency Examination Scoring. The scoring system used for the endodontics competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error.

(2) A score of 1 is unacceptable; major deviations that are correctable.

(3) A score of 2 is acceptable; minimum competence.

(4) A score of 3 is adequate; less than optimal.

(5) A score of 4 is optimal.

A score rating of "2" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.8. Portfolio Examination: Periodontics.

(a) The portfolio examination shall contain the following documentation of the minimum periodontic clinical experiences and documentation of the periodontic portfolio competency examination:

(1) Evidence of successful completion of the periodontic clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the periodontic competency examination. For purpose of this section, satisfactory proof means the periodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The periodontic competency examination shall include:

(1) One (1) case to be scored in three parts, as follows:

(A) Part A: Review medical and dental history, radiographic findings, comprehensive periodontal data collection, evaluate periodontal etiology/risk factors, comprehensive periodontal diagnosis, and treatment plan;

(B) Part B: Calculus detection and effectiveness of calculus removal; and

(C) Part C: Periodontal re-evaluation.

~~(2) Nine (9) scoring factors:~~

~~(A) Review Medical and Dental History (Part A);~~

~~(B) Radiographic Findings(Part A);~~

~~(C) Comprehensive Periodontal Data Collection (Part A);~~

~~(D) Evaluate Periodontal Etiology/Risk Factors (Part A);~~

~~(E) Comprehensive Periodontal Diagnosis (Part A);~~

~~(F) Treatment Plan (Part A);~~

~~(G) Calculus Detection (Part B);~~

~~(H) Effectiveness of Calculus Removal (Part B); and~~

~~(I) Periodontal Re-evaluation (Part C).~~

~~(3) All three parts of the examination shall be performed on the same patient. In the event the patient does not return for periodontal re-evaluation (Part C), the student shall use a second patient for the completion of the periodontal re-evaluation (Part C) portion of the periodontic competency examination.~~

~~(4) Documentation the candidate performed a comprehensive periodontal examination. The documentation shall include:~~

~~(A) Evidence that the patient's medical and dental history was reviewed.~~

~~(B) Evidence that the patient's radiographs were evaluated.~~

~~(C) Evidence of performance of an extra-oral and intra-oral examination on the patient.~~

~~(D) Evidence of performance of comprehensive periodontal data collection. Evidence shall include evaluation of patient's plaque index, probing depths, bleeding on probing, suppurations, cementoenamel junction to the gingival margin (CEJ-GM), clinical attachment, furcations, and tooth mobility.~~

~~(E) Evidence of performance of an occlusal assessment.~~

~~(5) Documentation the candidate diagnosed and developed a periodontal treatment plan. The documentation shall include:~~

~~(A) Evidence of determination of periodontal diagnosis.~~

~~(B) Evidence of formulation of an initial periodontal treatment plan that demonstrates~~

~~(i) Determination of periodontal diagnosis.~~

~~(ii) Formulation of an initial periodontal treatment plan that demonstrates the following:~~

~~(a) Determination to treat or refer patient to periodontist or periodontal surgery;~~

~~(b) Discussion with patient regarding etiology, periodontal disease, benefits of treatment, consequences of no treatment, specific risk factors, and patient-specific oral hygiene instructions;~~

~~(c) Determination on non-surgical periodontal therapy;~~

~~(d) Determination of re-evaluation need; and~~

~~(e) Determination of recall interval.~~

~~(6) Documentation of performance of non-surgical periodontal therapy. The documentation shall include:~~

~~(A) Detected supragingival and subgingival calculus;~~

~~(B) Performance of periodontal instrumentation, including:~~

~~(i) Removed calculus;~~

~~(ii) Removed plaque; and~~

~~(iii) Removed stains;~~

~~(C) Demonstration that excessive soft tissue trauma was not inflicted; and~~

~~(D) Demonstration that anesthesia was provided to the patient.~~

~~(7) Documentation of performance of periodontal re-evaluation. The documentation shall include:~~

(A) Evidence of evaluation of effectiveness of oral hygiene;

(B) Evidence of assessment of periodontal outcomes, including:

(i) Review of the patient's medical and dental history;

(ii) Review of the patient's radiographs;

(iii) Performance of comprehensive periodontal data collections (e.g. evaluation of plaque index, probing depths, bleeding on probing, suppurations, cementoenamel junction to the gingival margin (CEJ-GM), clinical attachment level, furcations, and tooth mobility.

(C) Evidence of discussion with patient regarding current periodontal status as compared to the pre-treatment status, patient-specific oral hygiene instructions, and modifications of specific risk factors;

(D) Evidence of determination of further periodontal needs including the need for referral to a periodontist and periodontal surgery; and

(E) Evidence of establishment of a recall interval for periodontal treatment.

(c) Acceptable Patient Criteria for Periodontics Competency Examination:

(1) The examination, diagnosis, and treatment planning shall include:

(A) A patient with a minimum of twenty (20) natural teeth, with at least four (4) molars;

(B) At least one probing depth of five (5) mm or greater shall be present on at least four (4) of the teeth, excluding third molars, with at least two of these teeth with clinical attachment loss of 2 mm or greater;

(C) A full mouth assessment or examination

(D) The patient shall not have had previous periodontal treatment at the dental school where the examination is being conducted. Additionally, the patient shall not have had previous non-surgical or surgical periodontal treatment within the past six (6) months.

(2) Calculus detection and periodontal instrumentation (scaling and root planing) shall include:

~~(A) A patient with a minimum of six (6) natural teeth in one quadrant, with at least two (2) adjacent posterior teeth in contact, one of which shall be a molar. Third molars may be used if they are fully erupted.~~

~~(B) At least one probing depth of five (5) mm or greater shall be present on at least two (2) of the teeth that require scaling and root planing.~~

~~(C) A minimum of six (6) surfaces of clinically demonstrable subgingival calculus shall be present in one or two quadrants. Readily clinically demonstrable calculus is defined as easily explorer detectable, heavy ledges. At least four (4) surfaces of the subgingival calculus shall be on posterior teeth. Each tooth is divided into four surfaces for qualifying calculus: mesial, distal, facial, and lingual. If additional teeth are needed to obtain the required calculus and pocket depths two quadrants may be used.~~

~~(3) Re-evaluation shall include:~~

~~(A) A thorough knowledge of the patient's case;~~

~~(B) At least two (2) quadrants of scaling and root planing on the patient being reevaluated.~~

~~(C) At least two documented oral hygiene care (OHC) instructions with the patient being reevaluated 4-6 weeks after scaling and root planing is completed. The scaling and root planing shall be completed within an interval of 6 weeks or less.~~

~~(D) A patient with a minimum twenty (20) natural teeth with at least four (4) molars.~~

~~(E) Baseline probing depth of at least five (5) mm on at least four (4) of the teeth, excluding third molars.~~

~~(d) Competency Examination Scoring. The scoring system used for the periodontics competency examination is defined as follows:~~

~~(1) A score of 0 is unacceptable; candidate exhibits a critical error~~

~~(2) A score of 1 is unacceptable; major deviations that are correctable~~

~~(3) A score of 2 is acceptable; minimum competence~~

~~(4) A score of 3 is adequate; less than optimal~~

~~(5) A score of 4 is optimal~~

A score rating of "2" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.9. Portfolio Examination: Competency Examiner Qualifications.

(a) Portfolio competency examiners shall meet the following criteria:

(1) An examiner shall be full-time or part-time faculty member of a Board-approved California dental school.

(2) An examiner shall have a minimum of one (1) year of previous experience in administering clinical examinations.

(3) An examiner shall undergo calibration training in the Board's standardized evaluation system through didactic and experiential methods as established in section 1032.10. Portfolio competency examiners are required to attend Board-developed standardized calibration training sessions offered at their schools prior to administering a competency examination and annually thereafter.

(b) At the beginning of each school year, each school shall submit to the Board the names, credentials and qualifications of the dental school faculty to be approved or disapproved by the Board as portfolio competency examiners. Documentation of qualifications shall include a letter from the dean of the California dental school stating that the dental school faculty satisfies the criteria and standards established by the dental school to conduct portfolio competency examinations in an objective manner, and has met the requirements of subdivision (a)(1) through (a)(3) of this section.

(c) In addition to the names, credentials and qualifications, the dean of the California dental school shall submit documentation that the appointed dental school faculty examiners have been trained and calibrated in compliance with the Board's requirements established in section 1032.10.

(d) Any changes to the list of portfolio competency examiners shall be reported to the Board within thirty (30) days, including any action taken by the school to replace an examiner.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.10. Portfolio Examination: Competency Examiner Training Requirements.

(a) Prospective portfolio competency examiners are required to attend Board-developed standardized calibration training sessions offered at their schools prior to administering a competency examination. Each of the schools will designate faculty who have been approved by the Board to serve as competency examiners and is responsible for administering the Board developed calibration course for said examiners. Examiners may grade any competency examination in which they have completed the required calibration. Each training session shall be presented by designated Portfolio competency examiners at their respective schools and require the prospective examiners to participate in both didactic and hands-on activities.

(b) Didactic Training Component. During didactic training, designated Portfolio competency examiners shall present an overview of the examination and its evaluation (grading) system through lecture, review of examiner training materials, including slide presentations, sample documentation, and sample cases.

(c) Hands-On Component. Training shall include multiple examples of performance that clearly relate to the specific judgments that examiners are expected to provide during the portfolio competency examinations. Hands-on training sessions include an overview of the rating process, clear examples of rating errors, examples of how to mark the grading forms, a series of several sample cases for examiners to hone their skills, and opportunities for training staff to provide feedback to individual examiners.

(d) Calibration of Examiners. The calibration of portfolio competency examiners shall be conducted to maintain common standards as an ongoing process. Portfolio competency examiners shall be provided feedback about their performance and how their scoring varies from their fellow examiners. Portfolio competency examiners whose error rate exceeds psychometrically accepted standards for reliability shall be re-calibrated. A school shall notify the Board if, at any time, it is determined that a competency examiner is unable to meet the Board's calibration standards. If any portfolio competency examiner is unable to be re-calibrated, the Board shall disapprove the portfolio competency examiner from further participation in the portfolio examination process.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1033.1. General Procedures and Policies for Portfolio Examination.

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of the portfolio examination.

(a) The candidate shall be able to read and interpret instructions and examination material as part of the examination.

~~(b) A patient shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the candidate must obtain the necessary written medical clearance and/or, evidence of premedication before the patient will be accepted. If the patient's well-being is put into jeopardy at any time during the portfolio competency examination, the examination shall be terminated. The candidate shall fail the examination, regardless of performance on any other part of the examination.~~

~~(c) The use of local anesthetics shall be administered according to the school's protocol and standards of care. The type and amount of anesthetics shall be consistent with the patient's medical history and current condition.~~

~~(d) A candidate may be dismissed from the entire examination, and a statement of issues may be filed against the candidate, for acts which interfere with the board's objective of evaluating professional competence. Such acts include, but are not limited to the following:~~

~~(1) Allowing another person to take the portfolio examination in the place of, and under the identity of, the candidate.~~

~~(2) Presenting purported carious lesions which are artificially created, whether or not the candidate created the defect.~~

~~(3) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the candidate.~~

~~(4) Bringing any notes, textbooks, unauthorized models, periodontal charting information or other informative data into the clinic during any portfolio competency examination.~~

~~(5) Assisting another candidate during the portfolio examination process.~~

~~(6) Failing to comply with the board's infection control regulations. Candidates shall be responsible for maintaining all of the standards of infection control while treating patients. This shall include the appropriate sterilization and disinfection of the cubicle, instruments and handpieces, as well as, the use of barrier techniques (including glasses, mask, gloves, proper attire, etc.) as required by the California Division of Occupational Safety and Health (Cal/OSHA) and California Code of Regulations, Title 16, Section 1005.~~

~~(7) Treating a patient, or causing a patient to receive treatment outside the designated examination settings and timeframes.~~

(e) Candidates shall wear personal protective equipment (PPE) during the portfolio competency examinations. PPE shall include masks, gloves, and eye protection during each portfolio competency examination.

(f) Radiographs for each of the portfolio competency examinations shall be of diagnostic quality. Digital or conventional radiographs may be used.

(g) Dental dams shall be used during endodontic treatment and the preparation of amalgam and composite restorations. Finished restorations shall be graded without the dental dam in place.

(h) Candidates shall provide clinical services upon patients of record of the dental school who fulfill the acceptable criteria for each of the six (6) portfolio competency examinations.

(i) Candidates shall be allowed three (3) hours and thirty (30) minutes for each patient treatment session.

(j) Each portfolio competency examination shall be performed by the candidate without faculty intervention. Completion of a successful portfolio competency examination may be counted as a clinical experience for the purpose of meeting the requirements of section 1032.2.

(k) Candidates who fail a portfolio competency examination three (3) times shall not be permitted to retake the portfolio competency examination until remediation has been completed as specified in section 1036.

(l) Readiness for a candidate to take a portfolio competency examination shall be determined by the dental school's clinical faculty.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1034. Portfolio Competency Examination Grading.

This section shall apply, in addition to any other examination rules set forth in this Chapter, for the purpose of uniform conduct of the portfolio examination grading.

(a) Each portfolio competency examination shall be graded by two (2) independent portfolio competency examiners and shall use the Board's standardized scoring system as specified in subdivision (f) of this section. There shall be no communication between grading examiners.

~~(b)~~

~~(c) A candidate shall be deemed to have passed the portfolio competency examination if his or her overall scaled score is at least 75 in each of the portfolio competency examinations.~~

~~(d) The Board shall notify candidates who have passed or failed the portfolio examination.~~

~~(e) Each portfolio competency examination shall be signed by the school portfolio competency examiners who performed the grading.~~

~~(f) Competency Examination Scoring: The portfolio competency examiners shall use the following scoring system for each of the competency examinations:~~

~~(1) The scoring system used for the ODTP competency examination as specified in Section 1032.3(d).~~

~~(2) The scoring system used for the direct restoration competency as specified in Section 1032.4(d).~~

~~(3) The scoring system used for the indirect restoration competency examination as specified in Section 1032.5(d).~~

~~(4) The scoring system used for the removable prosthodontics competency examination as specified in Section 1032.6(d).~~

~~(5) The scoring system used for the endodontics competency examination as specified in Section 1032.7(d).~~

~~(6) The scoring system used for the periodontics competency examination as specified in Section 1032.8(d).~~

~~(g) If a candidate commits a critical error, the candidate shall not proceed with the portfolio competency examination. If the candidate makes a critical error at any point during a portfolio competency examination, a score of "0" shall be assigned and the portfolio competency examination shall be terminated immediately.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, 1632.1 and 1634, Business and Professions Code.~~

§ 1035. Examination Review Procedures; Appeals.

(a) An candidate who has failed an examination administered pursuant to subdivision (b) of Section 1632 of the Code shall be provided with notice, upon written request, of those areas in which he/she is they were deficient.

(b) An unsuccessful candidate who has been informed of the areas of deficiency in his/her their performance and who has determined that one or more of the following errors was made during the course of his/hertheir examination and grading may appeal to the Bboard within sixty (60)fifteen (15) days following receipt of his/hertheir examination results:

(1) Significant procedural error in the examination process.;

(2) Evidence of adverse discrimination.;

(3) Evidence of substantial disadvantage to the candidate.

(c) TheSuch appeal provided in subsection (b) shall be made by means of a written letter specifying the grounds upon which the appeal is based. The Bboard's designee shall respond to the appeal in writing and may request a personal appearance by the candidate. The Bboard shall thereafter take such action as it deems appropriate.

(c) This section shall not apply to the portfolio examination of a candidate's competence to enter the practice of dentistry.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630- and 1632, Business and Professions Code.

§ 1036.01. Remedial Education: Portfolio Competency Examinations.

A candidate, who fails to pass a portfolio competency examination after three attempts, shall not be eligible for further re-examination until the candidate has successfully completed the required additional education as specified in Section 1633(b) of the Business and Professions Code.

(a) The course work shall be taken at a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board, and shall be completed within a period of one year from the date of notification of the applicant's third failure.

(1) The course of study must be didactic, laboratory or a combination of the two. Use of patients is optional.

(2) Instruction must be provided by a faculty member of a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.

~~(3)) Pre-testing and post-testing must be part of the course of study.~~

~~(b) When an applicant applies for reexamination, he or she shall furnish evidence of successful completion of the remedial education requirements for reexamination.~~

~~(1) Evidence of successful completion must be on the "Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination requirements for re-examination Eligibility" (Form New 08/13), that is hereby incorporated by reference, that is submitted prior to the examination.~~

~~(2) The form must be signed and sealed by the Dean of the dental school providing the remedial education course.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632.5, Business and Professions Code.~~

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (WREB)

FEES

Application Fee: $100.00
Fingerprint Fee: $51.00
(Livescan applicants pay fee at time of service)

ALL FEES ARE NON-REFUNDABLE

For Office Use Only

ATS# _____
REC# _____
Fee Pd _____

Date Cashiered _____

For Office Use Only

Received

QM		Reviewed By:		FP		DC	
Conf Sent		WREB score CBT		NB SCH		LC	
Def Sent		Notify		CODE		Law	P/F
DOJ		FBI		YG		Ethics	P/F
ATI		ENF					

For Office Use Only

(Please type or print neatly)

1. LEGAL NAME: LAST FIRST MIDDLE | U.S. Social Security Number

2. List other names you have used:

3. Address: Street City State Zip Code

4. Mailing Address: Street City State Zip Code

5. Birthdate MM/DD/YR | Sex: Male ☐ Female ☐ | TELEPHONE NUMBER: Day Evening

6. Do you have a certified disability or condition that requires special accommodations for testing? YES ☐ NO ☐
   If yes, fax the Board for a "REQUEST FOR ACCOMODATION" packet.
7. Have you previously taken the California Law and Ethics Examination? YES ☐ NO ☐
8. Have you ever been issued a dental license in any State or Country? YES ☐ NO ☐
   If yes, a Certification of License must be submitted for each State/country

STATE OR COUNTRY	LICENSE NUMBER	ISSUE DATE

~~Passport style Photograph~~

9. DENTAL EDUCATION:

Name and Location of institution(s) attended

Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted DATE GRANTED

☐ D.D.Sc. ☐D.D.S. ☐D.M.D. ☐ Other (please specify)

10. POSTGRADUATE STUDY:

Name and Location of Institution(s) attended

Period(s) of attendance (show dates MM/YYYY)

Are you a Diplomate? YES ☐ NO ☐

Name of Specialty Board

11. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HERE BY CERTIFY THAT _____
Full Name of Student

matriculated in the _____
Name of University

Dental College 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. on the _____ day of _____ _____

_____
SIGNATURE OF DEAN

***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.**

12. Do you have any pending of have you ever had any disciplinary action taken or changes filed against a dental license of 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

Yes ☐

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 dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

No ☐

13. Are there any pending investigations by any State or Federal agencies against you?

Yes ☐

If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s).

No ☐

14. Have you ever been denied a dental license or permission to take a dental examination?

Yes ☐

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).

No ☐

15. Have you ever surrendered a license, either voluntarily of otherwise?

Yes ☐

If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

No ☐

16. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the Code?

Yes ☐

If yes, provide a detailed explanation.

No ☐

17. 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 ☐

"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.

No ☐

If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).

19. Executed in _____ (City), on the _____ Day of _____, 20_____

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 that the information I provided to the Board in this application 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 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.

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 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. 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.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (PORTFOLIO)

FEES	FOR OFFICE USE ONLY	DATE RECEIVED
Application Fee: $350.00 Fingerprinting: All applicants are required to submit via Live Scan. Applicants will pay a fee of $49.00 plus any additional costs for the rolling of fingerprints by the Live Scan agency.	ID NUMBER _____ Receipt Number _____ Fee Paid _____ Date Cashiered _____	

(Please print or type)

1. United States Social Security Number	2. Birth Date (MM/DD/YYYY)		
3.Legal Name: Last	First	Middle	
4. List any other names used:			
5. Mailing Address(The address you enter is public information and will be placed on the Internet pursuant to B & P Code 27):			
6. Alternate Address(If you do not want your home or work address available to the public, provide an alternate address):			
7. Home/Cellular Telephone (Include area code):	8. Gender: Male ☐ Female ☐		
9. Have you previously taken the California Dentistry Law and Ethics Examination		Yes ☐	No ☐
10. Do you have a certified disability or condition that requires special accommodations for testing? If yes, fax the Board for a "REQUEST FOR ACCOMMODATION" packet.		Yes ☐	No ☐
11. Have you been issued a dental license in any State or Country? If yes, a Certification of License must be submitted for each State/Country		Yes ☐	No ☐
State/Country:	License Number:	Issue Date:	

Passport Style Photograph

Tape photo here

FOR OFFICE USE ONLY

12. DENTAL EDUCATION:

_____

Name and Location of Institution(s) attended

_____ Date Graduated _____

Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted: ☐ D.D.Sc. ☐ D.D.S. ☐ D.M.D. ☐ Other (please specify) _____

14.CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HEREBY CERTIFY THAT _____

FULL NAME OF STUDENT

matriculated in the _____

NAME OF UNIVERSITY

Dental College the _____ day of _____ and attended _____ years. Has completed the clinic and didactic requirements and is in good academic standings with no pending ethical issues and ☐ HAS GRADUATED, ☐ WILL GRADUATE* OR ☐ IS EXPECTED TO GRADUATE* with degree of ☐ D.D.Sc., ☐ D.D.S., ☐ D.M.D. on the _____ day of _____, 20_____.

SEAL OF COLLEGE OR UNIVERSITY

_____

SIGNATURE OF DEAN

*The Dean must certify actual graduation, if certification is signed that the student will graduate or is expected to graduate. Certification must be completed on official school letterhead including certification by the Dean that there are no pending ethical issues, the Dean's signature and seal of the Dental School.

15. 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, pursuant to California Code of Regulations, Title 16, Section 1028(b)(11)? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. Federal Government entity, pursuant to California Code of Regulations, Title 16, Section 1028(b)(12). Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action, pursuant to California Code of Regulations, Title 16, Section 1028(b)(12).	Yes ☐ No ☐
16. Are there any pending investigations by any State or Federal agencies against you? If yes, provide a detailed explanation of the circumstances surrounding the investigation and a copy of the document(s), pursuant to California Code of Regulations, Title 16, Section 1028(b)(13).	Yes ☐ No ☐
17. Have you ever been denied a dental license or permission to take a dental examination? If yes, provide a detailed explanation of the circumstances surrounding the denial and a copy of the document(s), pursuant to California Code of Regulations, Title 16, Section 1028(b)(14).	Yes ☐ No ☐
18. Have you ever surrendered a license, either voluntarily or otherwise? If yes, provide a detailed explanation and a copy of all documents relating to the surrender pursuant to California Code of Regulations, Title 16, Section 1028(b)(15).	Yes ☐ No ☐
19. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the code? (Cal. Code of Regs., Title 16, Section 1028(b)(17)). If yes, provide an explanation.	Yes ☐ No ☐
20. Have you ever been convicted of any crime including infractions, misdemeanors and felonies, with the exception of an infraction with a fine of less than $1,000 that did not involve alcohol or drugs? Information as to whether the applicant has ever been convicted of any violation of the law in this or any other state, the United States or other county, omitting traffic infractions under $1,000.00 not involving alcohol, dangerous drugs, or controlled substances, pursuant to California Code of Regulations, Title 16, Section 1028(b)(16). "Conviction" means a plea or verdict of guilty or a conviction following a please of nolo contendere or "no contest" and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies. (Cal. Code of Regs., Title 16, Section 1028(b)(16)). If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).	Yes ☐ No ☐

21. Executed in _____, on the _____day of _____, 20 _____
City

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 that the information I provided to the Board in this application 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 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.

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, 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 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. 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.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

Application for Issuance of License Number and Registration of Place of Practice*

Business & Professions Code §§ 1650

OFFICE USE ONLY

Date Application Received

OFFICE USE ONLY

ATS #_____

Rec #_____

Fee Paid _____

Date cashiered _____

Date License mailed _____

License # _____

Complete this form to obtain your license. Please print legibly.

Name _____
Last First Middle

Address of Record (will be public information)

Street and Number _____

City _____ State _____ Zip Code _____

Address of Practice, if different
Street and Number _____

City _____ State _____ ZIP Code _____

***Note: If you do not yet have a practice address in California, you may leave this section blank. However, if and when you do have a practice address in California, you must report it to the Board immediately.**

Telephone number (____) _____ Email address (optional) _____

Applicant's File Number issued by Dental Board of California _____

Certification

I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct.

_____ _____
Date Signature of Applicant

The information requested herein is mandatory unless designated as optional 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.

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. 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.

Dental Board of California

Initial Dental License Fee Calculation

Business & Professions Code §1715.

Your first license fee will be pro-rated. California dental licenses expire every two years on the last day of the month of your birthday.

For example, if your birthday is June 14, 1982 (an even year), your license will expire:

June 30, 2018
June 30, 2020, etc.

However, if your birthday is June 14, 1983 (an odd year), your license will expire:

June 30, 2019
June 30, 2021, etc.

To calculate the fee for your initial (pro-rated) license:

1. Count the number of months between the day you send payment until the date your license will expire. If you send payment on the 15th day of the month or later, do not count that month.

2. Find that number below to know your initial license fee.

# of months	Initial license fee
1*	
2**	
3	$81.25
4	$108.33
5	$135.42
6	$162.50
7	$189.58
8	$216.67
9	$243.75
10	$270.83
11	$297.92
12	$325.00
13	$352.08
14	$379.17
15	$406.25
16	$433.33
17	$460.42
18	$487.50
19	$514.58
20	$541.67
21	$568.75
22	$595.83
23	$622.92
24	$650.00
25*	$677.09
26**	$704.17

If you need assistance calculating your initial license fee, call the Licensing Unit at 916-263-2300.

*If the number of months until your birthday is 1, use the $ amount for 25 months.
**If the number of months until your birthday is 2, use the $ amount for 26 months.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
DENTAL BOARD OF CALIFORNIA
1432 Howe Avenue, Suite 85, Sacramento, CA 95825
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR LAW AND ETHICS EXAMINATION

For Office Use Only	*For Office Use Only*
ATS#_____	**Received**

No Fee Required

(Please type or print neatly)

1. LEGAL NAME: _____
LAST FIRST MIDDLE

2. ADDRESS _____
Street City State Zip Code

3. TELEPHONE NUMBER (____)_____ (_____)_____
Evening Day

4. Do you have a disability or condition that requires special accommodations? YES NO
If yes, email db_examinations@dca.ca.gov for a "REQUEST FOR ACCOMMODATION" packet.

5. Preferred Examination: Northern California □ Southern California □ Month: _____

_____ _____
Date Signature of Applicant

---

6. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:
(Must be completed or application will be returned)

I HEREBY CERTIFY THAT _____
Full Name of Student

matriculated in the _____
Name of University

Dental College 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:

Circle One D.D.Sc., D.D.S., D.M.D.

on the _____day of _____, 20_____.

(SEAL OF COLLEGE OR UNIVERSITY)

_____
SIGNATURE OF DEAN

12/07

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

CERTIFICATION OF SUCCESSFUL COMPLETION OF REMEDIAL EDUCATION FOR PORTFOLIO COMPETENCY RE-EXAMINATION ELIGIBILITY

Candidate Name: _____

Candidate Number: _____

Competency Examination Subject Remediated (Please mark all that apply)

Competency	Type of Course* (Circle)	Date Completed	Signature of Faculty
Oral Diagnosis and Treatment Planning	D L C		
Periodontics	D L C		
Endodontics	D L C		
Direct Restorations	D L C		
Indirect Restorations	D L C		
Removable Prosthodontics	D L C		

*Type of Course D=Didactic L=Labo atory C=Clinical

Guidelines for Remedial Education

- Course of study must be a minimum of 50 hours for each competency failed three (3) times.
- Course work must be completed prior to re-examination of the competency.
- Course of study must b didactic and/or laboratory. Use of patients is optional.
- Instruction must be provided by a faculty member(s) of an approved dental school.
- Pre-testing and post-testing must be a part of the course of study to ensure the pr gram has been effective in improving knowledge and skills.

Summary of Requirement

An applicant who fails to pass the examination required by Section 1632 of the Business and Professions Code after three (3) attempts shall not be eligible for further reexamination until the applicant has successfully completed a minimum of 50 hours of education for each subject which the applicant failed in the examination. The coursework shall be taken at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the board, and shall be completed within one year from the date of notification of the applicant's third failure.