



APPLICATION FOR NEW LICENSE TO REPLACE CANCELLED LICENSE

Business & Professions Code 1718.3

See Information for completing and filing this application. Please read carefully and answer each question carefully. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

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

FEES (NON-REFUNDABLE)

Call Board for correct fees to remit with application

NAME: Last			First		Middle		SSN/FEIN/ITIN #:	
List any other name you have used. See Information for documents required.							Date of Birth	
							SEX M <input type="checkbox"/> F <input type="checkbox"/>	
Address			Street Address			Telephone Number		
City		State		Zip		Email		
List state(s) in which you are, or have ever been, licensed to practice dentistry.							Dates of practice in licensing agency's jurisdiction	
State	License Number	Date of Issue	From (Mo/Yr)	To (Mo/Yr)				

NOTE: A License Certification from each state must be submitted.

Staple a color passport photo here
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|---|-----|----|
| 1. Have you ever been charged with, or been found to have committed unprofessional conduct, incompetence, gross negligence, or repeated negligent acts of malpractice by any dental licensing board or any other agency? | Yes | No |
| 2. Has any disciplinary action even been filed or taken, including but not limited to, informal or confidential discipline, consent orders or letters of warning regarding any healing arts license which you now hold or have ever held? | Yes | No |
| 3. Have you ever been denied a license, or permission to practice dentistry, or permission to take an examination in any state (including California), country, or U.S. Federal jurisdiction? | Yes | No |
| 4. In lieu of discipline or with charges pending, have you ever voluntarily surrendered a license to practice dentistry in another state or country? | Yes | No |
| 5. Has permission to prescribe controlled substance from DEA been suspended, revoked or denied? | Yes | No |
| 6. Have you ever been subject to any malpractice judgment or settlement? | Yes | No |
| 7. Do you have reports on the National Practitioner Database other than items listed above that you know of? | Yes | No |
| 8. If you have answered yes to any questions above, see Information for requirements. | | |
| 9. Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)?
If yes, enter the DEA number _____ | Yes | No |

DECLARATION

I am the applicant for a new license to replace a cancelled license referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully, and completely. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Dental Board of California any information, files or records requested by the Dental Board in connection with the procession of this application.

My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any anf all information required by the Dental Board of California.

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments hereto are true and correct.

Date Signature of Applicant

NOTE: the Board requires two classifiable fingerprint cards or Live Scan fingerprinting. A license will not be issued until clearance has been received from the California Department of justice and the Federal Bureau of Investigation. See Information.

An applicant, who signs this application when he/she is located outside of California, shall swear to the truth of the statements contained herein and on any attachments hereto, before a notary public or other person authorized by law to administer oaths.

Subscribed and sworn to before me on this _____ Day of _____, 20 _____
(Notary Seal) _____
(Signature of Notary)

(Address)
My commission expires _____
(Date)

INFORMATION COLLECTION AND ACCESS The information in this application is mandatory and is maintained by the Executive Officer in accordance with Business and Professions Code, Division 2, Chapter 4, Section 1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility for Licensure by Credential. 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. Section 30 of the Business and Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)) authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, or 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. Applicants are advised that the names(s) and address(es) submitted in this application may, under limited circumstances, be made public.