



APPLICATION FOR ORTHODONTIC ASSISTANT (OA) EXAMINATION AND PERMIT

<p>APPLICATION FEE: \$120.00</p> <p>APPLICATION FEES ARE NON-REFUNDABLE</p> <p>A WRITTEN EXAMINATION FEE WILL BE PAID DIRECTLY TO PSI ONCE ELIGIBLE.</p>	<p style="text-align: center;"><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>Fee Paid: _____</p> <p>Date _____</p> <p>Cashiered: _____</p> <p>Entity # _____</p> <p>File # _____</p>	<p style="text-align: center;"><i>For Office Use Only</i></p> <p style="text-align: center;">Date Received</p>
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(PLEASE PRINT OR TYPE)

1. SSN/ITIN#:	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 POSTED ON THE INTERNET PURSUANT TO BUSINESS AND PROFESSIONS CODE, SECTION 27):		
6. E-MAIL ADDRESS:		
7. TELEPHONE (INCLUDING AREA CODE):		
HOME/CELL:	ALTERNATE NUMBER:	
<p>8. HAVE YOU BEEN LICENSED TO PRACTICE DENTAL ASSISTING, ORTHODONTIC ASSISTING, DENTAL SEDATION ASSISTING, DENTAL HYGIENE, DENTISTRY OR ANY OTHER HEALTH CARE PROFESSION IN CALIFORNIA, ANY OTHER STATE, OR FOREIGN COUNTRY?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, PLEASE FILL OUT THE INFORMATION BELOW)</p> <p>LICENSE TYPE: _____</p> <p>LICENSE NUMBER: _____</p> <p>STATE/COUNTRY: _____</p>		

<p>9. DO YOU HAVE A CERTIFIED DISABILITY OR CONDITION THAT REQUIRES SPECIAL ACCOMMODATIONS FOR TESTING?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <ul style="list-style-type: none"> • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OF THE UNITED STATES ATTORNEY GENERAL PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF 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. <p>IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER. FAILURE TO DO SO MAY RESULT IN APPLICATION REVIEW DELAYS.</p> <p style="text-align: center;">ACCEPTABLE DOCUMENTATION</p> <ul style="list-style-type: none"> • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCE THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE-DUTY MEMBER OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;">MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</p> <p>NOTE: IF YOU MEET MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS, ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION (YOU MAY BE ASKED TO SUBMIT ORIGINAL DOCUMENTATION):</p> <ul style="list-style-type: none"> • CERTIFICATE OF MARRIAGE OR DOMESTIC PARTNERSHIP OR OTHER LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES WHO IS ASSIGNED TO A DUTY STATION IN THIS STATE UNDER OFFICIAL ACTIVE-DUTY MILITARY ORDERS. • VERIFICATION OF CURRENT LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES IN THE PROFESSION OR VOCATION FOR WHICH YOU ARE SEEKING LICENSURE. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;">MILITARY HONORABLE DISCHARGE REQUIREMENTS</p> <p>NOTE: IF YOU MEET THE U.S. ARMED FORCES EXPEDITE REQUIREMENT, ATTACH A COPY OF THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:</p> <ul style="list-style-type: none"> • DD214 OR OTHER SUPPORTING DOCUMENTATION. 	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>13. BEGINNING JULY 1, 2024, AN APPLICANT WHO 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 SHALL RECEIVE EXPEDITED REVIEW OF THEIR INITIAL LICENSE APPLICATION PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 115.4, SUBDIVISION (B). TO QUALIFY FOR EXPEDITED REVIEW UNDER BUSINESS AND PROFESSIONS CODE SECTION 115.4, SUBDIVISION (B), THE APPLICANT WILL NEED TO SUBMIT WITH THEIR LICENSE APPLICATION DOCUMENTATION OF THE APPLICANT'S ACTIVE DUTY STATUS IN THE UNITED STATES ARMED FORCES AND CURRENT ENROLLMENT IN THE SKILLBRIDGE PROGRAM, SUCH AS AN OFFICIAL APPROVAL DOCUMENT OR LETTER FROM THEIR RESPECTIVE UNITED STATES ARMED FORCES SERVICE BRANCH (ARMY, NAVY, AIR FORCE, MARINE CORPS, 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).</p> <p>DO YOU QUALIFY FOR EXPEDITED REVIEW OF YOUR LICENSE APPLICATION PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 115.4, SUBDIVISION (B)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14. DO YOU HAVE ANY PENDING OR HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN OR CHARGES FILED AGAINST A DENTAL LICENSE OR OTHER HEALING ARTS LICENSE? INCLUDE ANY DISCIPLINARY ACTIONS TAKEN BY THE U.S. MILITARY, U.S. PUBLIC HEALTH SERVICE, OR OTHER U.S. FEDERAL GOVERNMENT ENTITY.</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION AND A COPY OF ALL DOCUMENTS RELATING TO THE DISCIPLINARY ACTION.</p> <p>"LICENSE" INCLUDES PERMITS, REGISTRATIONS, AND CERTIFICATES. DISCIPLINARY ACTION INCLUDES, BUT IS NOT LIMITED TO, SUSPENSION, REVOCATION, PROBATION, CONFIDENTIAL DISCIPLINE, CONSENT ORDER, LETTER OF REPRIMAND OR WARNING, OR ANY OTHER RESTRICTION OF ACTION TAKEN AGAINST A LICENSE.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>15. ARE THERE ANY PENDING INVESTIGATIONS BY ANY STATE OR FEDERAL AGENCIES AGAINST YOU?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION OF THE CIRCUMSTANCES SURROUNDING THE INVESTIGATION AND A COPY OF THE DOCUMENT(S).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>16. HAVE YOU EVER BEEN DENIED A DENTAL LICENSE OR PERMISSION TO TAKE A DENTAL EXAMINATION?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION OF THE CIRCUMSTANCES SURROUNDING THE DENIAL, INCLUDING THE DATE OF DENIAL, TYPE OF APPLICATION, AND THE BASIS FOR THE DENIAL. INCLUDE A COPY OF THE DOCUMENT(S) YOU RECEIVED FROM THE AGENCY DENYING YOUR APPLICATION(S).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>17. HAVE YOU EVER SURRENDERED A DENTAL LICENSE, EITHER VOLUNTARILY OR OTHERWISE?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION OF THE CIRCUMSTANCES, INCLUDING THE DATE OF SURRENDER, THE REASON FOR SURRENDER, AND A COPY OF ALL DOCUMENTS RELATING TO THE SURRENDER.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

18. DECLARATION:

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.

MY SIGNATURE ON THIS APPLICATION, OR COPY THEREOF, AUTHORIZES THE NATIONAL PRACTITIONER DATA BANK TO RELEASE ANY AND ALL INFORMATION REQUIRED BY THE DENTAL BOARD OF CALIFORNIA.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA AND AUTOMATIC FORFEITURE OF MY CALIFORNIA DENTAL LICENSE, IF ONE IS ISSUED, THAT THE INFORMATION I PROVIDED TO THE BOARD IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

EXECUTED IN _____, ON THE _____ DAY OF _____, 20_____.

SIGNATURE OF APPLICANT

DATE SIGNED

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

ALL ITEMS IN THIS APPLICATION ARE MANDATORY.

FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION AND WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.

THE INFORMATION PROVIDED WILL BE USED TO DETERMINE YOUR ELIGIBILITY FOR LICENSURE PER SECTIONS 1628, 1628.5, 1629 AND 1632 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE (BPC) AND TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1028, WHICH AUTHORIZES THE COLLECTION OF THIS INFORMATION.

THE INFORMATION ON YOUR APPLICATION MAY BE TRANSFERRED TO OTHER GOVERNMENTAL OR LAW ENFORCEMENT AGENCIES TO PERFORM THEIR STATUTORY OR CONSTITUTIONAL DUTIES, OR OTHERWISE TRANSFERRED OR DISCLOSED AS PROVIDED IN CALIFORNIA CIVIL CODE SECTION 1798.24. DISCLOSURE OF EITHER YOUR SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) IS MANDATORY, AND COLLECTION IS AUTHORIZED BY BPC SECTION 30 AND 42 U.S.C.A. § 405(C)(2)(C). YOUR SSN OR ITIN WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH SECTION 17520 OF THE FAMILY CODE, OR FOR VERIFICATION OF LICENSURE OR EXAMINATION STATUS BY A LICENSING OR EXAMINATION BOARD, AND WHERE LICENSING IS RECIPROCAL WITH THE REQUESTING STATE.

YOU HAVE THE RIGHT TO REVIEW YOUR APPLICATION AND YOUR FILES EXCEPT INFORMATION THAT IS EXEMPT FROM DISCLOSURE AS PROVIDED IN THE CALIFORNIA PUBLIC RECORDS ACT (GOV. CODE, §§ 7920.000 AND FOLLOWING) OR AS OTHERWISE PROVIDED BY CIVIL CODE SECTION 1798.40 OF THE CALIFORNIA INFORMATION PRACTICES ACT (CIV. CODE, §§ 1798 AND FOLLOWING).

INFORMATION PROVIDED ON THIS APPLICATION MAY BE DISCLOSED TO A MEMBER OF THE PUBLIC, UPON REQUEST, UNDER THE CALIFORNIA PUBLIC RECORDS ACT OR PURSUANT TO COURT ORDER, SUBPOENA, OR SEARCH WARRANT. THE ADDRESS OF RECORD YOU LIST ON THIS APPLICATION IS A PUBLIC RECORD AND WILL BE DISCLOSED ON THE BOARD'S WEBSITE AND OTHERWISE BE MADE AVAILABLE TO THE PUBLIC IF AND WHEN YOU BECOME LICENSED. INDIVIDUALS USING A P.O. BOX AS THEIR ADDRESS OF RECORD ARE REQUIRED TO PROVIDE A PHYSICAL (STREET) ADDRESS TO THE BOARD THAT WILL NOT BE DISCLOSED TO THE PUBLIC PURSUANT TO A PUBLIC RECORDS REQUEST OR POSTED ON THE BOARD'S WEBSITE.

THE EXECUTIVE OFFICER IS RESPONSIBLE FOR MAINTAINING THE INFORMATION COLLECTED ON THIS APPLICATION FORM AND MAY BE CONTACTED AT 2005 EVERGREEN STREET, SUITE 1550, SACRAMENTO, CA 95815, TELEPHONE NUMBER (916) 263-2300 REGARDING QUESTIONS ABOUT THIS NOTICE OR ACCESS TO RECORDS.

THE BOARD IS REQUIRED TO NOTIFY YOU THAT UNDER BPC SECTIONS 31 AND 494.5, THE STATE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (CDTFA) AND THE FRANCHISE TAX BOARD (FTB) MAY SHARE TAXPAYER INFORMATION WITH THIS BOARD. YOU ARE REQUIRED TO PAY YOUR STATE TAX OBLIGATION. THIS APPLICATION MAY BE DENIED, OR YOUR LICENSE MAY BE SUSPENDED IF YOU HAVE A STATE TAX OBLIGATION, THE STATE TAX OBLIGATION IS NOT PAID, AND YOUR NAME APPEARS ON THE CDTFA OR FTB CERTIFIED LIST OF 500 LARGEST TAX DELINQUENCIES.