



Application for Orthodontic Assistant Examination and Permit

Application Fee: \$120.00

**APPLICATION FEES ARE
 NON-REFUNDABLE**

Written examination fees will be paid directly to PSI at a later date.

For Office Use Only

Rec # _____

Fee Pd _____

Date Cashiered: _____

Entity # _____

File # _____

For Office Use Only

Date Received

(Please Print Clearly 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 placed on the internet pursuant to B&P Code section 27):	
6. EMAIL ADDRESS:	
7. TELEPHONE (INCLUDING AREA CODE):	
WORK: _____	HOME: _____
8. HAVE YOU BEEN LICENSED TO PRACTICE DENTAL ASSISTING, DENTAL HYGIENE, DENTISTRY OR ANY OTHER HEALTH PROFESSION IN ANY STATE OR FOREIGN COUNTRY?	
<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please fill out the information below)	
TYPE OF PRACTICE: _____	
LICENSE NUMBER: _____	
STATE/COUNTRY: _____	

9. INITIAL APPLICATION ASYLUM QUESTION:

Do any of the following statements apply to you:

- 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 or 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.

Yes

No

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.

ACCEPTABLE DOCUMENTATION

- 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 of "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.

10. INITIAL APPLICATION MILITARY QUESTIONS:

1. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

Yes

No

2. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?

Yes

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

No

Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the attachments page of this application (you may be asked to submit original documentation):

- 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.

(Continued on next page)

- Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application:

- DD214 or other supporting documentation.

11. THE FOLLOWING MUST BE COMPLETED BY THE ORTHODONTIC ASSISTANT PROGRAM DIRECTOR:

I hereby declare under penalty of perjury under the laws of the state of California that

_____ began this program on _____ and graduated the
NAME OF APPLICANT MM/DD/YYYY

Orthodontic course named below on _____
MM/DD/YYYY

SIGNATURE OF DIRECTOR DATE SIGNED

**AFFIX
SEAL**

PROGRAM NAME

PROGRAM ADDRESS

12. DECLARATION OF CERTIFYING DENTIST

All applicants must have completed at least 12 months of work experience as a dental assistant. Currently licensed RDA's or RDAEF's do not need to have work experience verification.

Name of Certifying Licensed Dentist: _____
PRINT OR TYPE NAME

Business Address/City/State/Zip: _____

Business Telephone: _____

I declare that _____ was employed by me as a dental assistant,
NAME OF APPLICANT
working _____ hours per week from _____ to _____
MM/DD/YYYY MM/DD/YYYY

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in Business and Professions Code Section 1750.1(a) and (b) during a majority of the experience hours, and that the applicant, in my opinion, is competent to perform allowable Dental Assistant duties.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

SIGNATURE OF CERTIFYING DENTIST

DATE SIGNED

STATE DENTIST IS LICENSED IN

DENTIST LICENSE NO.

<p>13. Do you have any pending or have you ever had any disciplinary action taken or charges filed against your dental license or other health related license?</p> <p>Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.</p> <p>Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a license.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Are there any pending investigations by any State or Federal agency against you?</p> <p>If yes, provide a detailed explanation of circumstances surrounding the investigation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. Have you ever been denied a dental license or permission to take a dental examination?</p> <p>If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Have you ever surrendered a dental license, either voluntarily or otherwise?</p> <p>If yes, provide a detailed explanation and a copy of all documents relating to the surrender.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17. EXECUTION OF APPLICATION</p> <p>I am the applicant for examination for licensure referred to above. I have read the questions in the foregoing application and have answered them truthfully, fully and completely.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE OF APPLICANT</p> <p>Signed in _____ on _____</p> <p style="text-align: center;">CITY AND STATE MM/DD/YYYY</p>	

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, 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. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. To comply 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.

Business and Professions Code 1750.1

1750.1

- (a) A dental assistant may perform the following duties under the general supervision of a supervising licensed dentist:
- (1) Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750.
 - (2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656.
 - (3) Perform intraoral and extraoral photography.
- (b) A dental assistant may perform the following duties under the direct supervision of a supervising licensed dentist:
- (1) Apply nonaerosol and noncaustic topical agents.
 - (2) Apply topical fluoride.
 - (3) Take intraoral impressions for all nonprosthodontic appliances.
 - (4) Take facebow transfers and bite registrations.
 - (5) Place and remove rubber dams or other isolation devices.
 - (6) Place, wedge, and remove matrices for restorative procedures.
 - (7) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.
 - (8) Perform measurements for the purposes of orthodontic treatment.
 - (9) Cure restorative or orthodontic materials in operative site with a light-curing device.
 - (10) Examine orthodontic appliances.
 - (11) Place and remove orthodontic separators.
 - (12) Remove ligature ties and archwires.
 - (13) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.
 - (14) Remove periodontal dressings.
 - (15) Remove sutures after inspection of the site by the dentist.
 - (16) Place patient monitoring sensors.
 - (17) Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.
 - (18) Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- (c) Notwithstanding subdivision (b), when operating in a school-based setting or a public health program created or administered by a federal, state, county, or local governmental entity pursuant to Sections 104762 and 104830 of the Health and Safety Code, a dental assistant may apply topical fluoride under the general direction of a licensed dentist or physician.
- (d) Under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.
- (e) The board may specify additional allowable duties by regulation.
- (f) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do not include any of the following procedures unless specifically allowed by law:
- (1) Diagnosis and comprehensive treatment planning.
 - (2) Placing, finishing, or removing permanent restorations.
 - (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
 - (4) Prescribing medication.
 - (5) Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.
- (g) The duties of a dental assistant are defined in subdivision (a) of Section 1750 and do not include any duty or procedure that only an orthodontic assistant permit holder, dental sedation assistant permit holder, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.
- (h) This section shall become operative on January 1, 2010.