



ORAL & MAXILLOFACIAL SURGERY PERMIT APPLICATION

Business & Professions Code 1638-1683.5

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| FEES |
| Application Fee: \$500.00 (Must be enclosed with application) |
| Fingerprint Fee: \$49.00 (Livescan applicants pay fee at the time of service.) |
| FEES ARE NON-REFUNDABLE |

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| <i>For Office Use Only</i> |
| Rec # _____ |
| Fee Pd _____ |
| Date Cashiered _____ |
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| File# _____ |

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| <i>For Office Use Only</i> |
| Date Received |

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|---|--|----------------------|---------------------------|---|------------------------------|
| 1. Full Name: Last First Middle | | | 2. SSN/ITIN: | | |
| 3. Address of Record (for mailing): | | | | | |
| 4. Birthdate (MM/DD/YYYY): | | 5. Telephone Number: | | 6. Email Address: | |
| 7. California Medical License # (required) | | 8. Date Issued: | | 9. Has Discipline been taken against this license? Yes No | |
| 10. Dental License Number: | | | 11. State(s) of Issuance: | | |
| 12. Has discipline been taken against license(s) or has license been surrendered with disciplinary charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 13. Are you serving in, or have you previously served in, the U.S. Military? | | | | | Yes <input type="checkbox"/> |
| | | | | | No <input type="checkbox"/> |
| 14. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? | | | | | Yes <input type="checkbox"/> |
| 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. | | | | | No <input type="checkbox"/> |

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| <p>15. 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> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <p>16. Do you already hold a valid license, or comparable authority, to practice dentistry in another U.S. state or territory, and your 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 orders?</p> <p style="text-align: center;">MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</p> <p>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):</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 licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure. | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <p>17. 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 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. <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 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. | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |

18. Certification - 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 the penalty of perjury under the laws of the State of California and automatic forfeiture of my Oral and Maxillofacial Surgery Permit, 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.

Applicant Signature

Date

Note: See OMS Information for documents required to be submitted with this application.

INFORMATION COLLECTION AND ACCESS

THE INFORMATION REQUESTED HEREIN IS MANDATORY AND IS MAINTAINED BY DENTAL BOARD OF CALIFORNIA, 205 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.