



APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (PORTFOLIO)

FEES ARE NON-REFUNDABLE	FOR OFFICE USE ONLY	DATE RECEIVED
Application Fee: \$400.00 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.	File Number _____ Receipt Number _____ Fee Paid _____ Date Cashiered _____	

(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:		
6. EMAIL ADDRESS:		
7. TELEPHONE (INCLUDING AREA CODE):		
WORK:	HOME:	
8. GENDER:	MALE	FEMALE
9. ALL APPLICANTS ARE REQUIRED TO INCLUDE A 2-INCH BY 2-INCH COLOR PASSPORT STYLE PHOTO. <div data-bbox="618 1417 954 1717" style="border: 1px solid black; padding: 20px; text-align: center;"> ATTACH PHOTO HERE </div>		

10. Do any of the following statements apply to you:

Yes
No

- 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.

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.

11. 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

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

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.
- 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.

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

Yes
No

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.

13. DENTAL EDUCATION:

Name and Location of Institution(s)

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.

<p>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? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal government 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 dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>16. 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>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>17. 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 and a copy of the document(s).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>18. Have you ever surrendered a license, either voluntarily or otherwise?</p> <p>If yes, provide a detailed explanation and a copy of all documents relating to the surrender.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>19. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the code?</p> <p>If yes, provide an explanation.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>20. Executed in _____, on the _____ day of _____, 20 _____</p> <p style="text-align: center;">City</p> <p>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.</p> <p><i>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.</i></p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Applicant </p> <p>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.</p>	

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.