



Dental Board of California

2005 Evergreen Street, Suite 1550, Sacramento, California 95815
 P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



**DENTAL ASSISTING PROGRAM
 APPLICATION TO ACTIVATE / INACTIVATE LICENSE**

This form is required to change the status of a license/permit only. If the license/permit is within 90 days of its expiration dated, the licensee or permit holder must renew their license by completing the prescribe renewal application. Renewal applications are sent to the licensee/permit holder within 90 days of the license/permit expiration date. A licensee/permit holder can renew their license/permit [online](#). To receive a renewal application by mail, please contact the Board at (916) 263-2300, provide your full name, license type & number, current address and phone #. An application received to activate or inactivate a license that is due to be renewed will be returned with the required renewal application.

For Office Use Only:

Cashiering No.: _____ Amount: \$ _____
 Completed by: _____
 Date Completed: _____
 Expiration Date: _____
 All license/permit: DPA IC CPR FP's
 RDA only: CP X-Ray US (optional)
 RDA only; license issued on or after 1/1/10: PFS

Please print or type legibly – Allow 30 days for processing.

Name of Licensee:	License/Permit: Type and Number
Mailing Address:	Phone Number:
City, State, Zip:	Social Security Number:

I wish to **ACTIVATE** my RDA/RDAEF license or OA/DSA permit. I understand that the CE credits must be taken through a Board-approved CE provider within the last two years of the date of this application; and that the minimum requirement to activate a license or permit is 25 hours of CE credits, which includes: Basic Life Support (BLS), 2-hours of California Infection Control and 2-hours of California Dental Practice Act. I understand that my BLS must be approved by the American Red Cross; or the American Heart Association; or a BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP); or the Academy of General Dentistry's Program Approval for Continuing Education (PACE); and that the maximum CE credits allowed for BLS is 4 CE units. I understand that an online BLS course will not be accepted for Basic Life Support requirement. Attached are copies of my CE certificates and copy of a current approved BLS card. I understand in addition to the above-mentioned requirements, per Business and Professions Code 1752.6., if I am activating my RDA license and that if my license was issued on or after January 1, 2010, that by my license second renewal, a pit and fissure sealants – certificate of course completion must be on record with the Board for my license to be activated.

I have furnished a full set of fingerprints to the Department of Justice as required by Title 16, California Code of Regulations Section 1008. **YES** **NO**. Fingerprints are not required for an inactive license.
 I have enclosed my current **original INACTIVE pocket license** as required.

I wish to **ACTIVATE** my RDA/RDAEF license or OA/DSA permit and have the required CE credits waived due to a **DISABILITY**. I understand that the disability must be within the last 12 months of the date of this application; and that I have not practice as a licensed auxiliary during the period of the disability. Attached is a letter from my medical provider on their business letter head stating that I was on disability and includes the start and end date of my disability; and copy of a current approved BLS Card. I understand in addition to the above-mentioned requirements, per Business and Professions Code 1752.6., if I am activating my RDA license and that if my license was issued on or after January 1, 2010, that by my license second renewal, a pit and fissure sealants – certificate of course completion must be on record with the Board for my license to be activated.

I have furnished a full set of fingerprints to the Department of Justice as required by Title 16, California Code of Regulations Section 1008. **YES** **NO**. Fingerprints are not required for an inactive license.
 I have enclosed my current **original INACTIVE pocket license** as required.

I wish to **INACTIVATE** my RDA/RDAEF license or OA/DSA Permit. I understand that I may **NOT** perform any duties that require a license or permit until my license or permit is reactivated and I must renew my inactive license or permit every two years from the date of license or permit expiration date to keep the license current. I understand that per Business and Professions Code 1718.3, a license not renewed for five years from the license/permit expiration date will automatically be cancelled. I have enclosed my current **original ACTIVE pocket license**, as required.

I have enclosed the required **\$50.00 fee** for issuance of a replacement pocket license. The fee is **Non-Refundable**
Make check or money order payable to: Dental Board of California

I certify under penalty of the laws of the State of California that the above is true and correct; that I am the person named and lawful holder of the license or permit stated above.

REQUIRED: Signature _____ **Date** _____

INFORMATION COLLECTION AND ACCESS

Agency requesting information: Department of Consumer Affairs, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815 (916) 263-2300. The information in this application is mandatory and is maintained by the Executive Officer in accordance with the Business and Professions Code, Division 2, Chapter 4, Section 1600 et seq. The information requested will be used to activate or inactivate a license. Failure to provide all or any part of the requested information may result in the application being rejected as incomplete. Any known or foreseeable interagency or intergovernmental transfers, which may be made of the information, when necessary, are other federal, state and local law enforcement agencies. Each individual has the right to review personal information maintained on that person by the agency, unless the records are exempt from disclosure.