STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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APPLICATION TO RETAKE THE RDA GENERAL AND LAW AND ETHICS WRITTEN EXAM

You may ONLY use this form if you have previously taken and failed the RDA General and Law and Ethics Written Exam.

DO NOT SEND A FEE WITH THIS APPLICATION

- You will be mailed instructions on how to schedule your written examination 15 days after you file this application. If you do not receive these instructions after 15 days please contact PSI at 1-877-392-6422.
- When you receive information on how to schedule your written examination, you will be given instructions on how to pay the written examination fee.

Type or Print the following neatly – Complete all Sections

1. SSN/FEIN/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 27):*		
6. E-Mail Address:		
7. Home Telephone *(Include area code):*	8. Work Telephone (*Include area code*):	

9. Execution of Application – All Applicants Must Read, Sign, and Date;

I am the applicant for examination for licensure referred to above. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, my employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Dental Board of California, any information or records requested in connection with the processing of this application.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed in _____ on the _____ of _____, 20 ____
City, State Day Month Year

_____
SIGNATURE OF APPLICANT

An applicant who signs this application when located outside of California must swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

NOTARY AREA:

Notice on Collection of Personal Information

Collection and Use of Personal Information. The Dental Board of California (Board) collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1753, and California Code of Regulations Sections 1076 and 1077. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for licensure unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. *We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:*

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a $100.00 penalty

Contact Information. For questions about this notice or access to your records, you may contact the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815, For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, California 95834, (866) 785-9663 or email dca@dca.ca.gov.