



# DENTAL ASSISTING PROGRAM APPLICATION for RENEWAL of a LICENSE or PERMIT

Check One:

Type:  RDA License  RDAEF License  DSA Permit  OA Permit

- The renewal fee is \$70.00 per each type. If renewal application and fee is not postmarked within 30 days of license or permit expiration date, the fee will be \$105.00, per each type.
- If you have more than one license or permit with the Dental Board, a separate renewal application and fee must be submitted for each license or permit.
- Make your check or money order payable to the Dental Board of California and mail the renewal application(s) with payment to the address provided above.

**For Office Use Only:**

Cashier Receipt No: \_\_\_\_\_

Amount Rcvd: \$ \_\_\_\_\_

Post Mark: \_\_\_\_\_

- Act  Inact  Srvy  
 FP  Conv  Y-Conv  
 CP  XRY  PFS

|  |                         |                                       |
|--|-------------------------|---------------------------------------|
| <b>License/Permit #:</b>   | <b>Amount Enclosed:</b> |                                       |
| <b>Full Name:</b>  |                         |                                       |
| First _____  | Middle _____            | Last _____                            |
| <p>Is the above a name change? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your previous name below. In addition, you <b>MUST</b> provide documentation supporting the name change with this application: i.e., copy of marriage certificate, divorce decree or court order.</p>   |                         |                                       |
| <b>Previous Name:</b>  |                         |                                       |
| First _____  | Middle _____            | Last _____                            |
| <b>Address:</b>  |                         |                                       |
| Street _____   | City _____              | State _____ Zip Code _____            |
| <p>Is the above an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your previous address below:</p>  |                         |                                       |
| <b>Previous Address:</b>   |                         |                                       |
| Street _____   | City _____              | State _____ Zip Code _____            |
| <b>Phone:</b>  |                         |                                       |
| Home Phone (Include area code): _____  |                         | Work Phone (Include area code): _____ |
| <p><b>Items 1 – 4 below are required and must be completed; Failure to complete items 1 – 4 will cause a delay in the renewal process:</b></p>   |                         |                                       |
| <p>1. <input type="checkbox"/> <b>ACTIVE Renewal</b> – I have successfully completed at least 25 hours of continuing education (CE) during the last two years, including a course in Basic Life Support, 2 hours of California Infection Control and 2 hours of Dental Practice Act.</p> <p>Business and Professions Code Section 1752.6 states in part that “A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to the first expiration date of his or her license that requires the completion of continuing education as a condition of renewal”. <b>If applicable, attached evidence of completion with your application for renewal.</b></p> <p><input type="checkbox"/> <b>INACTIVE Renewal</b> - I understand that it is unlawful to practice with an inactive license. If I wish to practice, I must first obtain 25 CE units, and reactivate my license.</p> <p><input type="checkbox"/> <b>FIRST TIME Renewal</b> - I certify that this is my first renewal and I am not required to have CE Units</p> |                         |                                       |
| <p>2. Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the USA and its territories, military court or foreign country?<br/> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p>  |                         |                                       |
| <p>3. I have furnished a full set of fingerprints to the Department of Justice as required by Title 16, California Code of Regulations Section 1008. Fingerprinting for the Board is only required once. However, you must answer "yes" on EVERY renewal application, acknowledging you have furnished a full set of fingerprints.<br/> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p>   |                         |                                       |
| <p>4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Signature: _____ Date: _____</p>   |                         |                                       |

**IMPORTANT: The DENTAL HEALTHCARE WORKFORCE SURVEY is part of the renewal application and must be completed and submitted with your completed renewal application and payment.**

# RENEWAL APPLICATION CONTINUED

## CONTINUING DENTAL EDUCATION – Read each statement carefully and mark the appropriate answer.

- YES  NO I have completed and can document 25 hours of approved continuing education in the last two years.
- YES  NO I have completed and can document completion of a course in Basic Life Support by the AHA or ARC.
- YES  NO I have completed the mandatory 2 hour course in Infection Control.
- YES  NO I have completed the mandatory 2 hour course in California Dental Practice Act.
- YES  NO I am exempt from continuing education because this is my first renewal.

## DENTAL HEALTHCARE WORKFORCE SURVEY

Pursuant to Business and Professions Code section 1715.5, the Dental Board requires completion of sections 1, 2, 3(a) and 3(b) of this survey. The survey information collected will be publicly available in accordance with state law.

LICENSE NUMBER:

**1. LICENSE TYPE**

- DDS
- RDH
- RDHEF
- RDHAP
- RDA
- RDAEF

**2. EMPLOYMENT STATUS**

- Full-time clinical practice in CA (32+ hours per week)
- Full-time clinical outside CA (32+ hours per week)
- Part-time clinical practice in CA (less than 32 hours per week)
- Administrative/Faculty Employment (No Direct Patient Care)
- Retired
- Other practice or employment status

**3(a). PRIMARY PRACTICE LOCATION**

If you provide patient care, please indicate the zip code of your primary practice location (U.S. only) and the number of hours spent each week at this location.

**ZIP CODE**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**HOURS PER WEEK**

|  |  |
|--|--|
|  |  |
|--|--|

**3(b). SECONDARY PRACTICE LOCATION**

If you provide patient care in a second location, please indicate the zip code of that practice location (U.S. Only) and the number of hours spent each week at this location.

**ZIP CODE**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**HOURS PER WEEK**

|  |  |
|--|--|
|  |  |
|--|--|

**4. POSTGRADUATE TRAINING** Indicate the total years of training completed after dental school (accredited by the Committee on Dental Accreditation in a dental specialty recognized by the American Dental Association)

- 1    2    3    4    5+    None

**5. DENTAL PRACTICE/SPECIALTY and BOARD CERTIFICATION or PERMITS** mark specialty classifications and Board Certifications:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Endodontics             | <input type="checkbox"/> Oral Radiology      | <input type="checkbox"/> General Anesthesia      |
| <input type="checkbox"/> Prosthodontics   | <input type="checkbox"/> Public Health           | <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Oral Conscious Sedation |
| <input type="checkbox"/> Maxillofacial    | <input type="checkbox"/> Orthodontics            | <input type="checkbox"/> Periodontics        | <input type="checkbox"/> Conscious Sedation      |
| <input type="checkbox"/> Oral Pathology   | <input type="checkbox"/> Facial Cosmetic Surgery |  |  |

**6. ETHNIC BACKGROUND (Optional)** Mark all that apply

- African American/Black/African       Caucasian/White/European/Middle Eastern       Decline to State
- American Indian/Native American/Alaskan Native       Other (not listed)

**Asian**

- Cambodian       Japanese       Thai
- Chinese       Korean       Vietnamese
- Indian       Laotian/Hmong       Other Asian
- Indonesian       Pakistani

**Latino/Hispanic**

- Central American       Cuban
- South American       Mexican
- Puerto Rican       Other Hispanic

**Native Hawaiian/Pacific Islander**

- Fijian       Samoan
- Filipino       Tongan
- Guamanian       Other Pacific Islander
- Hawaiian

**7. FOREIGN LANGUAGE (Optional)** In addition to English, indicate additional languages in which you are fluent.

- |   |                                   |                                   |   |                                  |   |
|---|-----------------------------------|-----------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Japanese | <input type="checkbox"/> Thai     | <input type="checkbox"/> Central American | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Thai             |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> French   | <input type="checkbox"/> Ilocano  | <input type="checkbox"/> Mandarin         | <input type="checkbox"/> Russian | <input type="checkbox"/> Turkish          |
| <input type="checkbox"/> Armenian               | <input type="checkbox"/> German   | <input type="checkbox"/> Italian  | <input type="checkbox"/> Mien             | <input type="checkbox"/> Samoan  | <input type="checkbox"/> Vietnamese       |
| <input type="checkbox"/> Cambodian              | <input type="checkbox"/> Hebrew   | <input type="checkbox"/> Japanese | <input type="checkbox"/> Polish           | <input type="checkbox"/> Spanish | <input type="checkbox"/> Decline to State |
|   | <input type="checkbox"/> Hindi    | <input type="checkbox"/> Korean   | <input type="checkbox"/> Portuguese       | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other _____      |

# LICENSE RENEWAL INFORMATION

**IT IS A CRIMINAL OFFENSE TO PERFORM LICENSED AND/OR PERMITTED DUTIES WITH AN EXPIRED, CANCELLED, OR INACTIVE LICENSE!**

Your **first renewal** may not be valid for a full two years. Your expiration date is based on your birth month and birth year. If you were born in an even year, your license/permit will expire in an even year. If you were born in an odd year, your license/permit will expire in an odd year. From the issuance of your license/permit, your first license/permit will expire on the last day of your birth month, in the first odd or even year corresponding with your birth year.

After your first renewal, your license/permit will expire every two years on the last day of your birth month, either in an odd or even numbered year (as based on the year of your birth). For example, if your birthday is June 14, 1982 (an even year) your license will expire on June 30, 2014, June 30, 2016, etc. However, if your birthday is June 14, 1983 (an odd year), your license/permit will expire on June 30, 2013, June 30, 2015, etc.

**PIT AND FISSURE SEALANT COURSE** – Pursuant to [Business and Professions Code Section 1752.6](#) stating in part that “A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants **prior to the first expiration date of his or her license that requires the completion of continuing education as a condition of renewal**”.

**RENEWAL REQUIREMENTS FOR AN “ACTIVE RENEWAL”** – A licensee/permittee must pay the biennial renewal fee and comply with the continuing education requirements in order to maintain an active license.

**INACTIVE LICENSE STATUS** – A licensee/permittee can place his or her license on inactive status **at time of renewal**. This means that he or she must pay the renewal fee, but is not required to complete the required [continuing education requirements](#). A license can be renewed to inactive status, every two years, indefinitely. To place an active license/permit on inactive status **at any time during the renewal cycle**, you must complete the [Inactive/Active Form](#). To activate an inactive license/permit **at any time during the renewal cycle**, you must complete the [Inactive/Active Form](#) and attach copies of all continuing education certificates taken within 2 years of the request to activate the license/permit, return the actual green inactive license, and attach the \$25 fee to print the new active license/permit.

**CONTINUING EDUCATION REQUIREMENTS** – Licensees/permittees renewing for the first time are exempt from CE requirements. The minimum requirement for each renewal period after the first renewal is 25 hours of continuing education, including:

- Basic Life Support (maximum credit allowed is 4 CE units)
  - Shall be met by completion of an *American Heart Association* or *American Red Cross Course* in Basic Life Support, or a BLS course taught by a provider approved by the *American Dental Association’s Continuing Education Recognition Program* or the *Academy of General Dentistry’s Program Approval for Continuing Education*.
  - Online CPR course will not be accepted for Basic Life Support requirement.
- 2 hours of California Infection Control
- 2 hours of California Dental Practice Act

**Note:** Infection Control and California Dental Practice Act may be taken online by an approved [provider](#). No more than 12.5 CE hours can be completed through home study or other non-live instruction. Interactive courses such as live videoconferencing, live lecture and live workshop demonstrations may be used for all of the required units except for Basic Life Support course.

**EXPIRED AND CANCELLED LICENSES** – A license/permit that has been expired for more than five years is automatically cancelled, and cannot be renewed. The holder of a cancelled certificate must either apply for a new license/permit, and pass the associated examination(s), or petition the Dental Board. To begin the process of the issuance of a new license/permit to replace a cancelled license, contact the Board via email at [DAProgram@dca.ca.gov](mailto:DAProgram@dca.ca.gov). In the email, please include your name, license number, current address, and phone number.

**CONVICTION AND DISCIPLINE INTRUCTIONS** – Check the box next to “**YES**” if, since your last renewal, you have had any license disciplined by a government agency or have you been convicted or plead guilty to any crime. “Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$1000 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to sections 1000 or 1203.4 of the Penal Code. “License” includes permits, registrations and certificates. “Discipline” includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restriction. Check the box next to “**NO**” if since your last renewal you have not had a license disciplined by another government agency and you have not been convicted of a crime.

**FINGERPRINT REQUIREMENT** – For a license that expires after July 1, 2011, as a condition of renewal of license, a licensee who was initially licensed prior to January 1, 1999, or for whom an electronic record of the submission of fingerprints does not exist, shall furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice. Failure to comply with the requirements of this section renders any renewal incomplete and the license will not be renewed until the licensee demonstrates compliance with all requirements. Failure to furnish a full set of fingerprints to the Department of Justice as required by this section on or before the dated required for renewal of a license is grounds for discipline by the Board. Licensees who are required to provide fingerprints are notified in a separate letter from the Board. **Note: Fingerprinting for the Board is only required once. However, you must answer “yes” on EVERY renewal application, acknowledging you have furnished a full set of fingerprints.**

**DENTAL HEALTHCARE WORKFORCE SURVEY** – Pursuant to Business and Professions Code Section 1715.5, the Dental Board of California requires completion of section 1, 2, and 3(a) and (b) of this survey for the renewal of your license. Information collected shall be aggregated on an annual basis, based on categories utilized by the Dental Board in the collection of the date both statewide totals and Zip Code of primary practice or employment location totals. This information shall be collected and reported on the internet web site of the Dental Board as appropriate, on or before July 1 of each year.