

Non-Board Approved Dental Assisting Program Certification Form

The Dental Board of California (Board) is providing this form to certify graduation of applicants seeking licensure as a registered dental assistant (RDA) in California using the education pathway pursuant to Business and Professions Code (BPC) section 1752.1, subdivision (b).

You may use this form only if you graduated from a non-board approved dental assisting program and your dental assisting program meets the Board’s established criteria for approval of RDA programs (except that it be given at the postsecondary level). Graduates of programs not meeting the Board’s established minimum criteria as specified in CCR sections 1070 through 1070.6 shall not be credited as obtaining “satisfactory work experience” or be eligible for licensure through the pathway specified in BPC section 1752.1, subdivision (b). For the purposes of BPC section 1752.1, “credit toward the work experience” shall be given by the Board to eligible graduates of non-board approved dental assisting programs and shall equal the total weeks spent in classroom training and internship on a week-for-week basis.

Section 1: RDA License Applicant Information (To Be Completed by the Applicant)	
First Name:	Middle Name:
Last Name:	Suffix:
SSN/ITIN:	
Section 2: Dental Assisting (DA) Program Information (To Be Completed by the DA Program)	
Name of DA Program:	
Name of Course Completed:	
DA Program’s Street Address, City, State, and ZIP Code:	
Type of Educational Program: [Check applicable box]	<input type="checkbox"/> Postsecondary Institution approved by the Dept. of Education <input type="checkbox"/> Secondary Institution <input type="checkbox"/> Regional Occupational Center <input type="checkbox"/> Regional Occupational Program
Name of DA Program’s Administrator/Director:	
Section 3: Certification of Classroom Training and Internship (To Be Completed by the DA Program)	
<p>I certify that _____ (Student) was enrolled in the dental assisting program named above, on _____ (MM/DD/YYYY) and completed the program on _____ (MM/DD/YYYY). The student completed _____ weeks and _____ hours of classroom training and internship.</p>	
Section 4: Certification of Applicant and Dental Assisting Program	
<p>We, the undersigned, certify under penalty of perjury under the laws of the State of California that the information entered in Sections 1 through 3 is true and correct.</p>	
Signature of Applicant _____	Date Signed _____ (MM/DD/YYYY)
Signature of DA Program’s Authorized Representative _____	Date Signed _____ (MM/DD/YYYY)

Notice of Collection of Personal Information

For Applicants: This completed form must be submitted to the Dental Board of California (Board) as part of your application for licensure (application) as required by CCR, title 16, sections 1076 and 1077 or your application will be rejected as incomplete (see CCR, title 16, section 1004). The information requested on this form is mandatory pursuant to BPC sections 30, 31, 494.5, and 1752.1 and CCR, title 16, sections 1076 and 1077. The information provided will be used to determine qualifications for licensure, for identification purposes, and for compliance with tax and family support obligations. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing your personal information unless the records are exempted from disclosure as described in Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by telephone at (916) 263-2300.

For Dental Assisting Programs: The applicant identified in Section 1 above is applying to this Board to become licensed as an RDA in California. One method of qualifying for RDA licensure includes providing a certification of completing a non-board approved dental assisting program as defined above. Please complete Sections 2 and 3 relating to the applicant's completion of classroom training and internship at your program. Please review the information provided in the paragraph above under "For Applicants" regarding the requirements for collecting this information, the circumstances under which the information may be disclosed or withheld from disclosure, and where the personal information collected on this form is maintained.