

Preceptorship in Dental Assisting Certification Form

The Dental Board of California (Board) is providing this form to assist preceptors to certify completion of a preceptorship in dental assisting by an applicant seeking RDA licensure in California using the preceptorship pathway under Business and Professions Code (BPC) section 1752.1, subdivision (a)(5).

You may use this form only if the Preceptor was a California-licensed dentist in good standing who directly supervised and provided on-the-job training to a preceptee in a preceptorship in dental assisting by evaluating clinical competence, documenting completion of clinical chairside work experience, learning, and clinical progress, teaching and promoting clinical reasoning, and ensuring the preceptee has completed course requirements before performing dental assisting duties pursuant to BPC section 1750.1. A preceptee may have more than one California-licensed dentist serve as a preceptor.

Section 1: Preceptee Information (To Be Completed by RDA License Applicant)	
First Name:	Middle Name:
Last Name:	
SSN/ITIN:	
Section 2: Preceptor Information (To Be Completed by Certifying Dentist)	
Name of Preceptor:	
California Dentist License Number:	
Contact Phone Number:	
Facility/Clinic Street Address, City, State, Postal Code:	
Section 3: Certification of Clinical Chairside Hours (To Be Completed by Certifying Dentist)	
I certify that I directly supervised and evaluated the performance of _____ (Preceptee Name) and they completed _____ hours of clinical chairside work involving allowable duties described in BPC section 1750.1 in a competent manner.	
Section 4: Certification of Coursework Hours (To Be Completed by Certifying Dentist)	
I hereby certify that I verified that _____ (Preceptee Name) has completed _____ hours of coursework in dental assisting-related topics and satisfied all the following:	
<ol style="list-style-type: none">1. The coursework included the courses specified in BPC section 1752.1 (c) and encompassed all aspects of clinical chairside assisting, including, but not limited to, medical and dental emergencies, first aid and safety precautions, protocols and armamentaria associated with a variety of dental assisting chairside procedures, dental materials, and skill development courses associated with operative and specialty dentistry.2. The courses were obtained through a board-approved dental assisting educational program or course provider, a board-registered provider of continuing education courses, the American Dental Association's Continuing Education Recognition Program, or a provider approved by the Academy of General Dentistry Program Approval for Continuing Education.	
Section 5: Certification of Preceptor (To Be Completed by Certifying Dentist)	
I certify under penalty of perjury under the laws of the State of California that the information entered in Sections 1 through 4 above is true and correct.	
Signature of Preceptor _____ Date Signed _____ (MM/DD/YYYY)	

INFORMATION COLLECTION AND ACCESS

ALL ITEMS IN THIS APPLICATION ARE MANDATORY.

FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION AND WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.

THE INFORMATION PROVIDED WILL BE USED TO DETERMINE YOUR ELIGIBILITY FOR LICENSURE PER SECTIONS 1628, 1628.5, 1629 AND 1632 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE (BPC) AND TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1028, WHICH AUTHORIZES THE COLLECTION OF THIS INFORMATION.

THE INFORMATION ON YOUR APPLICATION MAY BE TRANSFERRED TO OTHER GOVERNMENTAL OR LAW ENFORCEMENT AGENCIES TO PERFORM THEIR STATUTORY OR CONSTITUTIONAL DUTIES, OR OTHERWISE TRANSFERRED OR DISCLOSED AS PROVIDED IN CALIFORNIA CIVIL CODE SECTION 1798.24. DISCLOSURE OF EITHER YOUR SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) IS MANDATORY, AND COLLECTION IS AUTHORIZED BY BPC SECTION 30 AND 42 U.S.C.A. § 405(C)(2)(C). YOUR SSN OR ITIN 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.

YOU HAVE THE RIGHT TO REVIEW YOUR APPLICATION AND YOUR FILES EXCEPT INFORMATION THAT IS EXEMPT FROM DISCLOSURE AS PROVIDED IN THE CALIFORNIA PUBLIC RECORDS ACT (GOV. CODE, §§ 7920.000 AND FOLLOWING) OR AS OTHERWISE PROVIDED BY CIVIL CODE SECTION 1798.40 OF THE CALIFORNIA INFORMATION PRACTICES ACT (CIV. CODE, §§ 1798 AND FOLLOWING).

INFORMATION PROVIDED ON THIS APPLICATION MAY BE DISCLOSED TO A MEMBER OF THE PUBLIC, UPON REQUEST, UNDER THE CALIFORNIA PUBLIC RECORDS ACT OR PURSUANT TO COURT ORDER, SUBPOENA, OR SEARCH WARRANT. THE ADDRESS OF RECORD YOU LIST ON THIS APPLICATION IS A PUBLIC RECORD AND WILL BE DISCLOSED ON THE BOARD'S WEBSITE AND OTHERWISE BE MADE AVAILABLE TO THE PUBLIC IF AND WHEN YOU BECOME LICENSED. INDIVIDUALS USING A P.O. BOX AS THEIR ADDRESS OF RECORD ARE REQUIRED TO PROVIDE A PHYSICAL (STREET) ADDRESS TO THE BOARD THAT WILL NOT BE DISCLOSED TO THE PUBLIC PURSUANT TO A PUBLIC RECORDS REQUEST OR POSTED ON THE BOARD'S WEBSITE.

THE EXECUTIVE OFFICER IS RESPONSIBLE FOR MAINTAINING THE INFORMATION COLLECTED ON THIS APPLICATION FORM AND MAY BE CONTACTED AT 2005 EVERGREEN STREET, SUITE 1550, SACRAMENTO, CA 95815, TELEPHONE NUMBER (916) 263-2300 REGARDING QUESTIONS ABOUT THIS NOTICE OR ACCESS TO RECORDS.

THE BOARD IS REQUIRED TO NOTIFY YOU THAT UNDER BPC SECTIONS 31 AND 494.5, THE STATE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (CDTFA) AND THE FRANCHISE TAX BOARD (FTB) MAY SHARE TAXPAYER INFORMATION WITH THIS BOARD. YOU ARE REQUIRED TO PAY YOUR STATE TAX OBLIGATION. THIS APPLICATION MAY BE DENIED, OR YOUR LICENSE MAY BE SUSPENDED IF YOU HAVE A STATE TAX OBLIGATION, THE STATE TAX OBLIGATION IS NOT PAID, AND YOUR NAME APPEARS ON THE CDTFA OR FTB CERTIFIED LIST OF 500 LARGEST TAX DELINQUENCIES.