



## Dental Board of California Subject Matter Expert Application

Personal Information		
Last Name		First Name
Street Address		City
State	Zip	Email Address
Date of birth		
Office Phone #	Cell Phone #	Alternate Phone #
California Dental Board License Number		
License Number		
License Type		
Other Licenses		
Specialty (List credentials to support)		

### Questionnaire

- Are you actively practicing within the field? (Actively practicing is defined as treating patients for a minimum of 16 hours per week)  
(Describe your active dental practice or employment in the comments section on page 2.)  
☐ Yes ☐ No
- Have you been practicing in the field for at least five years?  
☐ Yes ☐ No  
If you are a specialist, how many years have you been practicing in your specialty field? \_\_\_\_\_ years
- Have you ever testified as an expert or served as an expert?  
(If yes, use comments section on page 2 to explain.)  
☐ Yes ☐ No
- Have you ever had any disciplinary action taken against a dental license or other healing arts license?  
Disciplinary action includes, but is not limited to, suspension, revocation, probation, administrative citation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license.  
(If yes, use comments section on page 2 to explain.)  
☐ Yes ☐ No

5. Have you ever voluntarily surrendered a license to practice in the healing arts in this or any other state?  
(If yes, please provide a detailed explanation in the comments section on page 2 and a copy of all documents relating to the surrender.) ☐ Yes ☐ No
6. Have you ever been arrested, convicted, or pled nolo contendere to any violation of any federal, state, or local law of any state in the United States, or a foreign country, or is any action pending?  
(REQUIRED: If yes, use the comments section on page 2 to list any conviction that has been set aside and dismissed or expunged.) ☐ Yes ☐ No
7. Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)?  
☐ Yes: Permit # \_\_\_\_\_ ☐ No
8. Has your permission from the DEA to prescribe controlled substances ever been suspended, revoked, or denied?  
(If yes, use the comments section on page 2 to explain.) ☐ Yes ☐ No

**Comments (Please include question number)**

I hereby certify that all information provided in this application is true and correct, and I understand that any misstatements of material facts will subject me to disqualification. I understand that if I am hired, I will be required to comply with the terms of a security/confidentiality agreement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Additional Supporting Documents:

Please include the following documents with your application:

- Current Curriculum Vitae (CV)/ Resume
  - We recommend that you not list your residential address and phone number on your CV, as it may become evidence in an administrative hearing and therefore become available to the public. The same circumstance is true for your address of record with the Board.
- A list of continuing education (CE) courses you have attended in the last two years (please do not send CE documents).