



## Dental Board of California Subject Matter Expert Application



<b>Personal Information</b>			
Last Name		First Name	
Street Address		City	
State	Zip	Email Address	
Office Phone #	Cell Phone #	Home Phone #	
<b>License Information</b>			
License Type			
License #			
Other Licenses			
Specialty (List credentials to support)			
<p><b>California Code of Regulations section 1054. Recognized Dental Specialty Boards and Associations.</b>          For purposes of this article and Section 651 of the Code, the board recognizes those dental specialty boards which are affiliated with specialties recognized by the American Dental Association, including: American Board of Dental Public Health; American Board of Endodontics; American Board of Oral Pathology; American Board of Oral and Maxillofacial Surgery; American Board of Orthodontics; American Board of Pediatric Dentistry; American Board of Periodontology; and American Board of Prosthodontics. The board also recognizes those boards that require two or more years of training in a formal advanced education program affiliated with a school of dentistry or medicine that follows educational guidelines developed by the Council on Dental Education of the American Dental Association, dated January 1975, which are hereby incorporated by reference.</p>			

<b>Questionnaire</b>
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1. Are you actively practicing within the field? (Actively practicing is defined as treating patients for a minimum of 16 hours per week)

Yes  No

Describe your active dental practice or employment (You may attach additional pages if necessary).

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2. Have you retired from active dental practice or employment? (Actively practicing is defined as treating patients for a minimum of 16 hours per week)

Yes  No

3. Have you been practicing in the field for at least five years?

Yes, I have been practicing for at least five years  No

If you are a specialist, how many years have you been practicing in your specialty field? \_\_\_\_\_ years

4. Have you ever testified as an expert or served as an expert for another agency or entity? If yes, please explain.

Yes  No

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5. 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, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If yes, provide a detailed explanation.

Yes  No

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6. Have you ever been the subject of a malpractice settlement, judgment, or arbitration award over \$10,000?

Yes  No

7. 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 and a copy of all documents relating to the surrender.

Yes  No

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8. Have you ever been arrested, convicted, or pled no contest to any violation of any federal, state, or local law of any state in the United States? If yes, please explain.

**Note:** You must disclose convictions of any crime, including an infraction (resulting in a fine over \$300), misdemeanor or felony. "Conviction" includes a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

Yes  No

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9. Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)?

Yes  No

10. Has your permission from the DEA to prescribe controlled substances ever been suspended, revoked or denied? If yes, please explain.

Yes  No

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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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Supporting Documents:

Please include the following documents with your application.

1. Current Curriculum Vitae (CV)/ Resume
  - a. 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 is true for your address of record with the Board.
  
2. A list of continuing education (CE) courses you have attended in the last two years (please do not send CE documents).