

Work Experience Certification Form

The Dental Board of California (Board) is providing this form to assist dentists to certify work experience for applicants seeking RDA licensure in California using the work experience pathway pursuant to Business and Professions Code (BPC) section 1752.1, subdivision (a)(2) or (b), that requires completion of satisfactory work experience performing the duties of a dental assistant as specified by BPC section 1750.1, which includes at least 15 months and a minimum of 1,280 hours before the submission of the RDA license application. "Satisfactory work experience" means performance of the duties specified in BPC section 1750.1 in a competent manner as determined by the supervising dentist or dentists, who shall certify under penalty of perjury under the laws of the State of California the applicant's completion of the work experience. (BPC, § 1741, subd. (t).)

To determine whether work experience is qualifying, please refer to California Code of Regulations (CCR), title 16, section 1077. If you are claiming work experience from more than one dental office, please obtain a completed work experience verification from each employing dentist using this form and provide each completed form with your application.

Section 1: RDA License Applicant Information (To Be Completed by RDA License Applicant)	
First Name:	Middle Name:
Last Name:	Suffix:
SSN/ITIN:	
Section 2: Certifying Dentist Information (To Be Completed by Certifying Dentist)	
Name of Certifying Licensed Dentist:	
Dentist License Number:	
State/Territory Where Licensed:	
Dentist Contact Phone Number:	
Street Address, City, State, and ZIP Code of Dental Office where experience was obtained:	
Section 3: Certification of Work Experience (To Be Completed by Certifying Dentist)	
<p>I certify that I directly supervised _____ (name of applicant) and they completed _____ months and _____ hours of satisfactory work experience performing the duties of a dental assistant specified in Business and Professions Code section 1750.1.</p>	
Section 4: Certification of Applicant and Certifying Dentist	
<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 above is true and correct.</p>	
Signature of Applicant _____	Date Signed _____ (MM/DD/YYYY)
Signature of Certifying Dentist _____	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) either online through the Department of Consumer Affairs' online licensing system entitled "BreEZe" located on the Board's website, by mail to the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by email to DA.Program@dca.ca.gov 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 Certifying Dentists: The applicant identified in Section 1 above is applying to this Board to become licensed as a Registered Dental Assistant (RDA) in California. One method of qualifying for RDA licensure includes providing proof of completion of satisfactory work experience as defined above. Please complete Sections 2 and 3 relating to the applicant's work experience obtained at your dental office. 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.