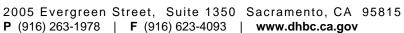


Please print or type legibly

SIGNATURE

## DENTAL HYGIENE BOARD OF CALIFORNIA





## APPLICATION TO ACTIVATE/INACTIVATE LICENSE

	Amt:			
	Receipt #			
ertificates of completion for the				
st	two (2) years. Mandatory			

Mailing Address:    Cell Phone#						
ACTIVATION  I wish to ACTIVATE my RDH/RDHEF/RDHAP license. Attached are copies of the certificates of completion for the required continuing education (CE) units that have been taken within the last two (2) years. Mandatory courses by a California Registered Provider include:  • 2 units in infection control,  • 2 units in the California Dental Practice Act  • A course in basic life support as approved by the American Red Cross or the American Heart Association, the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).  Section 1016 and 1017 of the California Code of Regulations  CONVICTIONS and LICENSE DISCIPLINE: Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the USA and its territories, military court or foreign country? Yes No  I have enclosed my current original INACTIVE pocket license (required).    I have enclosed the required \$25.00 fee to replace my inactive license with an active license.    INACTIVATION	Name of Licensee:		License#			
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**REV 04.22** 

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