STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-2572 | F (916) 263-2688 | **dhbc.ca.gov**

APPLICATION to practice DENTAL HYGIENE through LICENSURE BY CREDENTIAL

ALL FEES ARE NON-REFUNDABLE

Fee: $200.00
$100.00 Application Fee
$100.00 License Issuance Fee

Payable to "DHBC"

PAYMENT FORMS ACCEPTED
PERSONAL CHECK
CASHIERS CHECK
BUSINESS CHECK
MONEY ORDER

LAW & ETHICS EXAM FEE PAYABLE TO PSI AT A LATER DATE

File #	Amt: $ Receipt #

RDH Sch: _____ GRAD DATE: _____ NB DATE: _____

State/Regional Exam: _____ Military ☐ Photo ☐ CE ☐
STC ☐ LA ☐ NO ☐ Xray ☐ **Clearances: DOJ ☐ FBI ☐**
Out of State Licenses:

PLEASE TYPE OR PRINT CLEARLY, IF YOU MAKE A MISTAKE, LIGHTLY CROSS IT OUT, DO NOT USE WHITE-OUT. WRITE "N/A" OR A ""IF NOT APPLICABLE.

1. APPLICANT'S FULL LEGAL NAME: *Last* *First* *Middle*

2. SOCIAL SECURITY #

List any other names or aliases you have ever used:

3. BIRTH DATE (MM/DD/YY)

4. ADDRESS OF RECORD* *City* *State* *Zip Code*

5. EMAIL ADDRESS:

6. TELEPHONE NUMBERS:
( ) Home ( ) Work

*ONCE LICENSED, THE ADDRESS OF RECORD WILL BE POSTED ON THE INTERNET AND DISCLOSED TO THE PUBLIC UPON REQUEST.

7. DO YOU HAVE A CERTIFIED DISABILITY OR CONDITION THAT REQUIRES SPECIAL ACCOMMODATIONS FOR TESTING? YES ☐ NO ☐

*If **YES**, contact the DHBC for a "Special Accommodations" packet.*

8. **DENTAL HYGIENE PROGRAM/SCHOOL GRADUATION REQUIREMENT.** PROVIDE THE NAME OF AND DATE ON WHICH YOU GRADUATED FROM A DENTAL HYGIENE SCHOOL ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION (CODA).

SCHOOL NAME: _____ **GRAD DATE:** / /

9. **LICENSURE IN OTHER STATES REQUIREMENT.** LIST ALL THE STATES AND COUNTRIES IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED IN. THIS INCLUDES LICENSURE AS AN RDA OR RDAEF THROUGH THE DENTAL BOARD OF CALIFORNIA.

STATE	LICENSE TYPE AND NUMBER	DATE LICENSE ISSUED	EXPIRATION DATE

EXAMINATION REQUIREMENTS

10. **WESTERN REGIONAL EXAMINING BOARD (WREB) OR CENTRAL REGIONAL TESTING SERVICES (CRDTS).** WITHIN THE LAST FIVE (5) YEARS, HAVE YOU TAKEN THE WREB DENTAL HYGIENIST CLINICAL EXAMINATION? YES ☐ NO ☐

If **YES**, disclose the date that you last took the exam. **TEST DATE:** / / WREB ☐ or CRDTS ☐

*If **YES**, provide the ORIGINAL examination results along with the "Dental Hygiene Summary Profile Sheet" from WREB or CRDTS.*

Pursuant to B&P code §1917.1(8)

11. **PASSAGE OF A CLINICAL EXAM.** YOU MUST PROVIDE PROOF AND THE DATE ON WHICH YOU PASSED A CLINICAL EXAM. *If the proof of passing said clinical exam is included on a license certification from a state licensing board, please indicate which state below.*

CLINICAL EXAM: _____ **DATE:** / /

(i.e. Regional or State)

Pursuant to B&P code §1917.1(7)

12. **PASSAGE OF DENTAL HYGIENE NATIONAL BOARD.** PROVIDE AN ORIGINAL NATIONAL BOARD "SCORE REPORT" AND THE DATE ON WHICH YOU SUCCESSFULLY PASSED THE DENTAL HYGIENE NATIONAL BOARD. **DATE:** / /

Pursuant to B&P code §1917.1(7)

13. **COMPLETION OF APPROVED SPECIFIED COURSEWORK.** YOU MUST PROVIDE PROOF OF PASSING CALIFORNIA DENTAL HYGIENE BOARD-APPROVED COURSEWORK IN:

⇒ SOFT TISSUE CURETTAGE ⇒ ADMINISTRATION OF NITROUS OXIDE/OXYGEN ⇒ ADMINISTRATION OF LOCAL ANESTHESIA

BOARD APPROVED COURSEWORK COMPLETED AT:

_____ **; ON DATE:** / /

NAME OF CALIFORNIA BOARD-APPROVED PROVIDER

Pursuant to B&P code §1917(f)

14. **COMPLETION OF AN ADA APPROVED RADIATION SAFETY COURSE.** YOU MUST PROVIDE CERTIFICATION OF ACCEPTABLE RADIATION SAFETY INSTRUCTION ON THE FORM PROVIDED BY THE DHBC OR YOU WILL NOT BE ALLOWED TO EXPOSE DENTAL RADIOGRAPHS.

IF YOU GRADUATED PRIOR TO 1985, YOU MUST TAKE A CALIFORNIA BOARD-APPROVED COURSE IN RADIATION SAFETY.

15. **CONTINUING EDUCATION REQUIREMENT.** YOU MUST PROVIDE ORIGINAL CERTIFICATES OF COMPLETION OF 25 UNITS OF CONTINUING EDUCATION TAKEN NO MORE THAN TWO (2) YEARS PRIOR TO THE DATE (MONTH/YEAR) OF SUBMITTING THIS APPLICATION.

_____
OF UNITS COMPLETED

The following continuing education is mandatory and ***must*** be taken from a California Board-approved provider:

- Basic Life Support for Healthcare Providers (CPR) by AHA or ARC;
- 2 hour course on the California Dental Practice Act;
- 2 hour California Infection Control.

Pursuant to B&P code §1917.1(9)

EXPERIENCE REQUIREMENT

16. **(A) CLINICAL PRACTICE EXPERIENCE.** I CERTIFY THAT I HAVE BEEN IN CLINICAL PRACTICE AS A DENTAL HYGIENIST FOR A MINIMUM OF 750 HOURS PER YEAR, FOR AT LEAST FIVE (5) YEARS ***IMMEDIATELY PRECEEDING*** THE DATE (MONTH/YEAR) OF SUBMITTING THIS APPLICATION, AND HAVE ATTACHED A COMPLETED "CERTIFICATION OF DENTAL HYGIENE CLINICAL PRACTICE" FORM. YES ☐ NO ☐

NOTE: LESS THAN 5 YEARS IS REQUIRED IF IN COMBINATION WITH 17(B) OR 17(C) BELOW.

16. (B) FULL-TIME FACULTY EXPERIENCE. I CERTIFY THAT I HAVE BEEN A FULL-TIME FACULTY MEMBER IN AN ACCREDITED DENTAL HYGIENE EDUCATIONAL PROGRAM FOR A MINIMUM OF 750 HOURS PER YEAR, FOR AT LEAST FIVE (5) YEARS ***IMMEDIATELY PRECEEDING*** THE DATE OF THIS APPLICATION.

YES ☐ NO ☐

NOTE: LESS THAN 5 YEARS IS REQUIRED IF IN COMBINATION WITH 17(A) ABOVE.

A copy of each pertinent employment contract showing the number of hours performed per year must be submitted with the application.

16. (C) PENDING CONTRACT TO PRACTICE IN A CLINIC. I CERTIFY THAT I HAVE BEEN IN CLINICAL PRACTICE AS A DENTAL HYGIENIST (SEE 17A ABOVE) FOR A MINIMUM OF 750 HOURS PER YEAR, FOR AT LEAST THREE (3) YEARS ***IMMEDIATELY PRECEEDING*** THE DATE OF THIS APPLICATION, AND HAVE ATTACHED THE REQUIRED COMPLETED "CERTIFICATION OF DENTAL HYGIENE CLINICAL PRACTICE" FORM. I FURTHER CERTIFY THAT IN LIEU OF THE REMAINING TWO (2) YEARS OF THE FIVE (5) YEAR CLINICAL PRACTICE EXPERIENCE REQUIREMENT, I HAVE COMMITTED TO PRACTICE IN CERTAIN SETTINGS OR LOCATIONS IN CALIFORNIA. YES ☐ NO ☐

Proof of the pending contract to practice in such settings or locations must be provided.

APPLICANT DISCLOSURES

17. **MILITARY SPOUSE DISCLOSURE.** ARE YOU MARRIED TO, OR IN A DOMESTIC PARTNERSHIP OR OTHER LEGAL UNION WITH, AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES WHO IS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL "ACTIVE DUTY" MILITARY ORDERS?

If the answer is "YES", you **MUST** provide the following documentations:

- Proof of "Active Duty Orders" of the member.
- Proof of marriage, domestic partnership or legal union.
- Proof of current "Registered Dental Hygienist" license in another State, District or territory of the United States.

YES ☐ NO ☐

Pursuant to B&P code §115.5

18. **DENIAL OF A LICENSE.** HAVE YOU EVER BEEN DENIED A LICENSE, OR PERMISSION TO PRACTICE DENTAL HYGIENE OR PERMISSION TO TAKE ANY EXAMINATION IN ANY STATE, REGION OR COUNTRY? YES ☐ NO ☐

*If **YES**, please provide details on page 5 under Section 21, or on a separate attachment.*

19. **LICENSE DISCIPLINE.** HAVE YOU EVER BEEN CHARGED WITH, OR BEEN FOUND TO HAVE COMMITTED, UNPROFESSIONAL CONDUCT, INCOMPETENCE, GROSS NEGLIGENCE, OR REPEATED NEGLIGENT ACTS OR MALPRACTICE BY ANY LICENSING BOARD, GOVERNMENT AGENCY OR OTHER DISCIPLINARY BODY?

"Discipline" includes, but is not limited to, suspension, revocation, probation, or any other restriction. "License" includes permits, registrations and certificates. Check the box next to "**NO**" if you have never had a license disciplined by a government agency or other disciplinary body.

YES ☐ NO ☐

*If **YES**, please provide details on page 5 under Section 21, or on a separate attachment.*

19. (A) IN LIEU OF FORMAL DISCIPLINE OR WITH CHARGES PENDING, HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE ANY PROFESSIONAL LEVEL OF DENTISTRY, INCLUDING BUT NOT LIMITED TO HYGIENE OR ASSISTING, IN ANY STATE, REGION, COUNTRY, OR U.S. FEDERAL JURISDICTION? YES ☐ NO ☐

*If **YES**, please provide details on page 5 under Section 21 or on a separate attachment.*

EXECUTION OF APPLICATION

I, _____ declare that I am the applicant for licensure
PRINT NAME HERE
referred to in this application for licensure in Dental Hygiene through Licensure by Credential (LBC). I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the information provided in the foregoing and any attachments hereto in this application being submitted to the Dental Hygiene Board of California is true and correct to the best of my knowledge and belief.

20. **SIGNED** **DATE** _____

APPLICANT PHOTOGRAPH

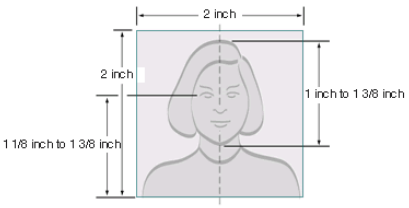
PLEASE PROVIDE A RECENT PHOTOGRAPH.
THE PHOTOGRAPH SHOULD BE:

- STANDARD PASSPORT PHOTO
- 2 INCH X 2 INCH SIZE
- SHOULDERS FACING FRONT
- FULL NAME ON THE BACK
- FACE UN-OBSCURED

USE THE DIAGRAM TO THE RIGHT AS A GUIDE.

DATE PHOTO TAKEN: _____

Paper Photo Head Size Template



PLACE PHOTO HERE

NOTICE

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer Information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

21. **ADDITIONAL EXPLANATIONS.** IF YOU NEED SPACE FOR ADDITIONAL ANSWERS TO ANY OF THE APPLICATION QUESTIONS, LIST THE QUESTION NUMBER AND PROVIDE ADDITIONAL INFORMATION AS NEEDED.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION.
The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1905 and 1917, and California Code of Regulations Sections 1076 and 1077. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses and enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION.
Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your application for licensure or renewal unless you provide all of the requested information.

ACCESS TO PERSONAL INFORMATION.
You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION.
We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

DISCLOSURE OF SOCIAL SECURITY NUMBER.
Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. 405(c)(2)(c)] authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess $100 penalty against you.

CONTACT INFORMATION.
For questions about this notice or access to your records, you may contact:

Dental Hygiene Board of California
2005 Evergreen Street, Suite 2050
Sacramento, CA 95815
(916) 263-1978

For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact:

The California Office of Privacy Protection
Department of Consumer Affairs
1625 N. Market Blvd.,
Sacramento, CA 95834
(866) 785-9663 email: privacy@dca.ca.gov