

ALL FEES ARE NON-REFUNDABLE

DENTAL HYGIENE BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1350 Sacramento, CA 95815 $\bf P$ (916) 263-2572 | F (916) 623-4093 | $\bf dhbc.ca.gov$

Amt: \$



Receipt #

APPLICATION to practice DENTAL HYGIENE through LICENSURE BY CREDENTIAL

File #

\$100 \$100	e: \$200.00 0.00 Application Fee 0.00 License Issuance Fee	PAYMENT FORMS ACCEPTED PERSONAL CHECK CASHIERS CHECK BUSINESS CHECK	State/Regional Ex	GRAD DATE: Milita	ry 🗆 Photo 🗆 CE 🗆
	yable to "DHBC"	MONEY ORDER ABLE TO PSI AT A LATER DATE	Out of State Licer	O □ Xray □ <mark>Clearance</mark> nses:	S: DUJ FBI
LAVV	GETHICS EXAM FEE PAY	ADLE TO FOI AT A LATER DATE	33.3.3.3.0.2.001		
	PLEASE TYPE OR PRIN	T CLEARLY, IF YOU MAKE A MISTAKE, LIC	GHTLY CROSS IT OUT, DO N	NOT USE WHITE-OUT. WRITE "N/A	" OR A ""IF NOT APPLICABLE.
1.	APPLICANT'S FULL LEG	AL NAME: Last	First	Middle	2. Social Security#
List	t any other names or aliases	s you have ever used:			3. BIRTH DATE (MM/DD/YY)
4.	Address of Record*		City	State	Zip Code
5.	EMAIL ADDRESS:			6. TELEPHONE NUMBERS:	() Work
	*Once licensed,	THE ADDRESS OF RECORD WILL BE	POSTED ON THE INTER	RNET AND DISCLOSED TO THE I	PUBLIC UPON REQUEST.
7.	FOR TESTING?	ERTIFIED DISABILITY OR CONDIT		SPECIAL ACCOMMODATIONS	YES NO
8.	OF AND DATE ON	NE PROGRAM/SCHOOL GRAIN WHICH YOU GRADUATED FROM ON DENTAL ACCREDITATION (C	M A DENTAL HYGIEN		
	SCHOOL NAME:			GRAD	DATE: / /
9.		THER STATES REQUIREMENT INCLUDES L			
	STATE LICEN	ISE TYPE AND NUMBER	DATE	LICENSE ISSUED	EXPIRATION DATE
	STATE LICEN	ISE TYPE AND NUMBER	DATE	LICENSE ISSUED	EXPIRATION DATE
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	STATE LICEN	SE TYPE AND NUMBER	DATE	LICENSE ISSUED	EXPIRATION DATE
	STATE LICEN	SE TYPE AND NUMBER	DATE	LICENSE ISSUED	EXPIRATION DATE

	EXAMINATION REQUIREMENTS				
10.	WESTERN REGIONAL EXAMINING BOARD (WREB) OR CENTRAL REGIONAL TESTING S WITHIN THE LAST FIVE (5) YEARS,	ERVICES	(CRD	ΓS).	
	HAVE YOU TAKEN THE WREB DENTAL HYGIENIST CLINICAL EXAMINATION?	YES [] N	⊃ [
	If YES, disclose the date that you last took the exam.	VREB 🗌	or CR	DTS _]
	If YES, provide the ORIGINAL examination results along with the "Dental Hygiene Summary Profile Sheet" from V	WREB or CR Pursuant to		le §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 coa	e §1917.1((7)
12.		-			
	BOARD "SCORE REPORT" AND THE DATE ON WHICH YOU SUCCESSFULLY PASSED THE DENTAL	_	,	1	
	Hygiene National Board.	DATE:	/	/	
		Pursuant to E	3&P code	§1917.1(7	7
13.	COMPLETION OF APPROVED SPECIFIED COURSEWORK. YOU MUST PROVIDE PROOF OF PASSING CALIFORNIA DENTAL HYGIENE BOARD-APPROVED COURS ⇒ SOFT TISSUE CURETTAGE ⇒ ADMINISTRATION OF NITROUS OXIDE/OXYGEN ⇒ ADMINISTRATION			THESIA	_
		// Or 1 00.	L/4120	1112011	
	BOARD APPROVED COURSEWORK COMPLETED AT:	-	,	1	
	; ON	DATE:	/	1	
	NAME OF CALIFORNIA BOARD-APPROVED PROVIDER	Pursuant	to B&P o	code §1917	"(f)
14.	COMPLETION OF AN ADA APPROVED RADIATION SAFETY COURSE. YOU MUST PROVACCEPTABLE RADIATION SAFETY INSTRUCTION ON THE FORM PROVIDED BY THE DHBC OR YOU WILL TO EXPOSE DENTAL RADIOGRAPHS.				_
	IF YOU GRADUATED PRIOR TO 1985, YOU MUST TAKE A CALIFORNIA BOARD-APPROVED COURSE IN	V RADIATIO	N SAFI	ETY.	
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.				
	The following continuing education is mandatory and <u>must</u> be taken from a			UNITS PLETED	
	California Board-approved provider:		00	LLILD	
	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.				
	Z Hour Camorna infection Control.	Pursuant to	B&P cod	le §1917.1((9)
ı					

	EXPERIENCE REQUIREMENT		
16.	(A) CLINICAL PRACTICE EXPERIENCE. I CERTIFY THAT I HAVE BEEN IN CLINICAL PRACTICE	E AS	
	A DENTAL HYGIENIST FOR <u>A MINIMUM OF 750 HOURS PER YEAR, FOR AT LEAST FIVE (5)</u>		
	YEARS IMMEDIATELY PRECEEDING THE DATE (MONTH/YEAR) OF SUBMITTING THIS APPLICATION	ON,	
	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		
	DATE OF THIS APPLICATION.		
		YES	NO \square
	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	ed with the app	lication.
16. (C)			
	CLINICAL PRACTICE AS A DENTAL HYGIENIST (SEE 17A ABOVE) FOR A MINIMUM OF 750 HOURS PER YEAR, FOR AT LEAST THREE (3) YEARS IMMEDIATELY PRECEDING		
	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		
	` ,	YES 🗆	NO \square
	LOCATIONS IN CALIFORNIA.		
	Proof of the pending contract to practice in such settings or locations must be provided.		
	APPLICANT DISCLOSURES		
	MILITARY SPOUSE DISCLOSURE. ARE YOU MARRIED TO, OR IN A DOMESTIC PARTNERSHIP OR		
О	THER LEGAL UNION WITH, AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES	3	
O V	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	3	
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EXECUTION OF APPLICATION 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: DATE PHOTO TAKEN:_ STANDARD PASSPORT PHOTO 2 INCH X 2 INCH SIZE Paper Photo Head Size Template SHOULDERS FACING FRONT **PLACE** FULL NAME ON THE BACK **PHOTO** FACE UN-OBSCURED l linch to 13/8 inch HERE 1 1/8 inch to 1 3/8 inch **U**SE THE DIAGRAM TO THE RIGHT AS A GUIDE. 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.

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.					
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NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION.

The Dental Hygiene Board of California of the Department of Consumer Section 30 of the Business and Professions Code and Public Law 94-455 Affairs collects the personal information requested on this form as [42 U.S.C.A. 405(c)(2)(c)] authorizes collection of your Social Security authorized by Business and Professions Code Sections 1905 and 1917, and number. Your Social Security number will be used exclusively for tax California Code of Regulations Sections 1076 and 1077. The Dental Hygiene enforcement purposes, and for purposes of compliance with any judgment Board of California uses this information principally to identify and evaluate or order for family support in accordance with Section 11350.6 of the applicants for licensure, issue and renew licenses and enforce licensing Welfare and Institutions Code, or for verification of licensure or 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 For questions about this notice or access to your records, you may contact: 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.

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.

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