



DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA
95815 P (916) 263-1978 | F (916) 263-2688 | dhbc.ca.gov



APPLICATION TO PRACTICE DENTAL HYGIENE through CRDTS

ALL FEES ARE NON-REFUNDABLE

Fee: \$200.00
\$100.00 Application Fee
\$100.00 License Issuance Fee
Payable to "DHBC"
LAW & ETHICS EXAM FEE PAYABLE TO PSI AT A LATER DATE

PAYMENT FORMS ACCEPTED
PERSONAL CHECK
CASHIERS CHECK
BUSINESS CHECK
MONEY ORDER

Amt \$ Receipt # File #
RDH Sch: GRAD DATE: NB DATE:
CRDTS: DATE: Remediation
STC LA NO Xray Clearances: DOJ FBI
Out of State License RDA / RDAEF Photo Military

OFFICE USE ONLY

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. SSN/ITIN
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. HAVE YOU PREVIOUSLY TAKEN THE CALIFORNIA RDH LAW & ETHICS EXAMINATION? YES NO
TEST DATE: / /
If YES, disclose the date that you last took the exam.

9. 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: / /

10. LICENSURE IN CALIFORNIA AND OTHER STATES. IF YOU ARE NOW OR HAVE EVER BEEN PREVIOUSLY LICENSED IN ANOTHER STATE OR TERRITORY TO PRACTICE DENTAL HYGIENE NONE
LIST EACH LICENSE BELOW. THIS INCLUDES LICENSURE AS AN RDA OR RDAEF THROUGH THE DENTAL BOARD OF CALIFORNIA.
Mark NONE if you have never held any other professional license.

Table with 4 columns: STATE, LICENSE TYPE AND NUMBER, DATE LICENSE ISSUED, EXPIRATION DATE. Three rows for listing licenses.

EXAMINATION REQUIREMENTS

11. PASSAGE OF CRDTS. PROVIDE THE DATE ON WHICH YOU PASSED THE CRDTS CLINICAL EXAM.

If you have failed previous attempts before a passing score was received, you must provide the "Original Examination Score Report" from CRDTS.

DATE: / /

Pursuant to B&P code §1917(b)

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

DATE: / /

Pursuant to B&P code §1917(c)

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

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

*Proof of completion **NOT** required for California graduates.*

Pursuant to B&P code §1917(f)

14. COMPLETION OF AN ADA APPROVED RADIATION SAFETY COURSE FOR NON-CALIFORNIA GRADUATES.

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.

*Proof of completion **NOT** required for California graduates.*

Pursuant to B&P code §1917

15. 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

16. REFUGEE, ASYLUM OR SPECIAL IMMIGRANT: DO ANY OF THE FOLLOWING APPLY TO YOU?

- a. You were admitted to the United States as a refugee pursuant to section 1157 of Title 8 of the United States Code;
- b. You were granted asylum by the Secretary of Homeland Security or the United States (US) Attorney General pursuant to Section 1158 of Title 8 of the United States Code; or
- c. You have a special immigrant visa that was granted a status pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of division F of Public Law 111-8.

YES NO

If YES you will need to provide proof of your status as a refugee, asylee or special immigrant visa holder. Failure to do so may result in the delay or processing your application.

Pursuant to B&P Code 135.4

17. IMPOSING GROSS TRAUMA.

HAVE YOU EVER TAKEN A CLINICAL EXAMINATION WHERE YOU IMPOSED GROSS TRAUMA?

YES NO

18. PRIOR CLINICAL EXAMINATION RESULTS. HAVE YOU FAILED THREE OR MORE CLINICAL EXAMINATIONS, INCLUDING ANY EXAMINATIONS WITH ANY TESTING AGENCIES OR BOARDS?

YES NO

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

19. FINGERPRINTING REQUIREMENT PURSUANT TO §1916(A) OF THE BUSINESS & PROFESSIONS CODE

I HAVE INCLUDED COPY OF THE COMPLETED LIVSCAN FORM.

YES NO

20. LICENSE DISCIPLINE. HAVE YOU EVER BEEN CHARGED WITH, OR BEEN FOUND TO HAVE COMMITTED ANY 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 4 under Section 24, or on a separate attachment.

21. 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 4 under Section 24, or on a separate attachment.

22. 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, COUNTRY?

YES NO

If YES, please provide details on page 4 under Section 24, 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 successful completion of the Central Regional Dental Testing Services, Inc. (CRDTS) clinical examination. 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.

23. SIGNED _____ **DATE** _____

APPLICANT PHOTOGRAPH

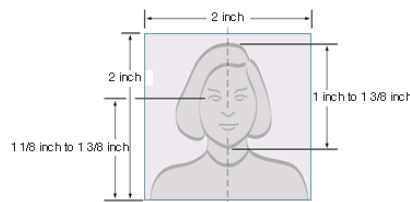
PLEASE PROVIDE A RECENT PHOTOGRAPH.

THE PHOTOGRAPH SHOULD BE:

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

DATE PHOTO TAKEN: _____

Paper Photo Head Size Template



USE 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.

24. 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 1079 and the Information Practices Act. 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 your Social Security number or Individual Tax Identification Number is mandatory. 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 or Individual Tax Identification Number. Your Social Security number or Individual Tax Identification 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 DHBC Staff with the Dental Hygiene Board of California at 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, by phone at (916) 263-1978, or by e-mail, which is available on our website at www.dhbc.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.