



## Reactivation of a Retired License

To restore a license to active status, the holder of a retired license shall comply with the following requirements:

- (1) Submit a completed "Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-02 (New 10/20), to the Dental Hygiene Board (attached).
- (2) Submit payment of a \$160 fee as required by the Dental Hygiene Board.
- (3) Submit proof of completion of current continuing education requirements pursuant to 16 CCR sections 1016 and 1017.
- (4) Comply with fingerprint submission requirements pursuant to 16 CCR section 1132.

Please review the Reactivation of a Retired License under the Licensee tab of the website for further information.

### 16 CCR §1119. Retired Licensure.

- (a) A retired license shall be issued to a registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), or registered dental hygienist in extended functions (RDHEF) if the licensee meets the following requirements:
  - (1) Holds an active license or an inactive license that was not placed on inactive status as a result of revocation or suspension;
  - (2) Submits to the Board a completed "Application for a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-01 (New 11/20), hereby incorporated by reference; and
  - (3) Submits an \$80 fee to the Board.
- (b) Once the Board has issued a retired license, the holder of a retired license shall:
  - (1) Be exempt from continuing education requirements;
  - (2) Be exempt from renewal of the retired license; and

- (3) Utilize his or her professional title only with the unabbreviated word “retired” preceding or after the professional designation.
- (c) The holder of a retired license shall not engage in any activity for which an active RDH, RDHAP, or RDHEF license is required.
- (d) The Board shall not be prevented from investigating violations or taking action against a retired license for violations of laws governing the practice of dental hygiene.
- (e) To restore a license to active status, the holder of a retired license shall comply with the following requirements:
  - (5) Submit a completed “Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License” DHBC RLC-02 (New 10/20), hereby incorporated by reference;
  - (6) Payment of a \$160 fee as required by the Board;
  - (7) Submit proof of completion of current continuing education requirements pursuant to 16 CCR sections 1016 and 1017; and
  - (8) Comply with fingerprint submission requirements pursuant to 16 CCR section 1132.
- (f) The holder of a retired license shall be allowed to provide to the public, without supervision, dental hygiene educational services, oral health training programs, oral health screenings, and application of fluoride varnish free of charge in any oral health public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, at a sponsored event by a sponsoring entity. The retired licensee shall refer any screened individuals with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. For purposes of this section, the following shall apply:
  - (1) “Sponsored event” shall be defined as in paragraph (4) of subdivision (b) of Section 1626.6 of the Code.
  - (2) “Sponsoring entity” shall be defined as in paragraph (6) of subdivision (b) of Section 1626.6 of the Code.

Note: Authority cited: Sections 464, 1905, 1906 and 1944, Business and Professions Code. Reference: Sections 464, 1906 and 1944, Business and Professions Code.



**Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License**  
 Business & Professions Code (BPC) sections 464, 1905, and 1906, and California Code of Regulations (CCR) Title 16, Division 11 sections 1016, 1017, and 1119.

**Non-Refundable Application Fee: \$160**  
**(Must accompany application)**

<b>DHBC USE ONLY</b>	
Receipt _____	RC _____
Date Filed _____	\$ _____
Approved _____	Denied _____
RDH/RDHAP/RDHEF# _____	

**Please type or print legibly.**

Date	License Number <input type="checkbox"/> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF	Date License was Retired	
Last Name		First Name	Middle Name
Address of Record*			
City		State	Zip Code
Home Phone Number		Mobile Phone Number	
Email Address			

\*The address you enter on this application is public information and will be available on the Internet pursuant to BPC section 1902.2(b). If you do not want your home address to be made public, you may instead provide a post office box or your business address.

**IMPORTANT – PLEASE READ CAREFULLY**

**You may not practice dental hygiene, dental hygiene in alternative practice, or dental hygiene in extended functions until the Dental Hygiene Board of California (Board) approves your request to restore your retired license to active status.**

1. In order to reactivate a retired license, you must complete the same number of continuing education units that are required to renew an active license and submit the certificates of completion to the Board. Please refer to 16 CCR sections 1016 and 1017 for continuing education requirements.
2. 16 CCR section 1132 requires licensees to furnish a full set of electronic fingerprints for the purpose of conducting a criminal history record check and criminal offender record information search. The Board shall not restore a retired license to active status until the licensee has complied with this requirement, if applicable.

3. Enclose your original retired license.

4. Please certify the following:

(a) Since retirement of DHBC licensure, I have not been convicted of, or under investigation for, any violation of the law in this or any other state, the United States, or other country.

Note: You do not need to disclose traffic infractions with penalties under \$1,000 unless the infraction involved alcohol, dangerous drugs, or controlled substances.

Yes       No (if no, please explain on an attached sheet).

(b) Since retirement of DHBC licensure, I have not been subject to discipline against any other healthcare license I hold.

Yes       No (if no, please explain on an attached sheet).

**I have read and understand the information provided on this application, and hereby request that my retired license be restored to active status. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, section 1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.