



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 1115.

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

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

Please type or print legibly.

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

*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.

**** A retired license may only be reactivated within three (3) years from the date the retired license was issued.**

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.

- 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.
- 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 circumstance