CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 623-4093 | www.dhbc.ca.gov

APPLICATION FOR REGISTRATION OF A MOBILE DENTAL HYGIENE CLINIC (MDHC)

Business & Professions Code (BPC) sections 1926.1, 1926.2, and 1944 and California Code of Regulations (CCR) Title 16, Division 11 section 1116.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the "N/A" box. Failure to do so will cause a delay in processing your registration/renewal. Please type or print legibly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY THIS APPLICATION.

REGISTRATION FEE FOR INITIAL APPLICANTS: $100
BIENNIAL RENEWAL FEE FOR MDHC REGISTRATION: $160

Payment must be made by personal check, cashier's check, business check, or money order and must be made payable to "DHBC".

MDHC OWNER INFORMATION

*Note: The registration information provided in questions 1 and 2 will be used to establish the expiration date of the registration and will be the point-of-contact for this application.

1a. Last Name	1b. First Name	1c. Middle Name

2a. RDHAP License Number:	2b. RDH License Number:	2c. Social Security Number/Individual Taxpayer Number:

3a. Registered Fictitious Name: ☐ N/A	3b. Fictitious Name Permit Number: ☐ N/A

4. Type of Registration: ☐ New Registration ☐ Registration Renewal

MDHC Registration Number, if renewal:

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP*(REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).
The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Physical Address of Record (Number and Street) (including apartment number, if applicable)		
City	State	Zip Code
6. Email Address	7. RDHAP's Contact Number	

ADDRESS OF RECORD/MAILING ADDRESS FOR MDHC* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).
The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

8. Physical Address of Record (Number and Street) (including apartment number, if applicable) (If same as "Address of Record for RDHAP," indicate "Same as above.")		
City	State	Zip Code
9. MDHC's Email Address	10. MDHC's Contact Number	

~~MDHC~~ RDHAP OWNER REQUIREMENTS

11. Does the ~~MDHC's~~ RDHAP owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC as required by 16 CCR section 1116? *If YES, provide a copy **(labeled as Exhibit 1)**. For renewals, attach a copy if the written procedure has changed from initial registration. If no changes have been made check ~~this~~the N/A box.~~: ☐ N/A~~ **The procedure shall include arrangements for treatment by a licensed dentist or physician whose place of practice is established within the city orcounty in which the MDHC provides or intends to provide dental hygiene services.	☐YES*	☐NO	☐N/A _____

~~MDHC~~RDHAP OWNER REQUIREMENTS			
12. Does the ~~MDHC's~~RDHAP owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117? *If YES, provide a copy **(labeled as Exhibit 2)** of your completed "Documentation of Registered Dental Hygienist In Alternative Practice (RDHAP) Relationship with Dentist" (form RDHAP-01 (07-2021) with this application as set forth in 16 CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check ~~this~~the NA box.~~: ☐ N/A~~	☐YES*	☐NO	☐N/A
13. Does the ~~MDHC~~RDHAP owner have telephone service for the MDHC that ~~it can access~~can be accessed twenty-four (24) hours per day~~, that enables~~enabling the RDHAP owner or any provider of dental hygiene services to contact emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians,and designated family members, in the event of a medical or dental emergency?		☐YES	☐NO
14. Is there a telephone number where patients are able to contact the ~~MDHC's~~RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?		☐YES	☐NO
15. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency?		☐YES	☐NO
16. Will the RDHAP owner comply with all state and local laws and ordinances regardingbusiness licensing and operations?		☐YES	☐NO
17. Will the ~~MDHC~~RDHAP owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code? *A copy of each current license and permit shall be submitted with the application to include a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code. **If yes, provide copies and label as Exhibit 3.**		☐YES*	☐NO

MDHC REQUIREMENTS			
18. Does the MDHC's radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Ch.5, Subchapter 4, §§30100 through 30395)? *If the RDHAP does not provide radiographic services, check the "N/A" box.	☐YES	☐NO	☐N/A*
19. Does the driver of the MDHC possesses a current, active and unrestricted California driver's license? *If YES, please provide the Name of the Driver, Driver's License Number and Date of Expiration here: Name of Driver: _____ Driver License #: _____ Expiration Date: _____		☐YES*	☐NO
20. The ~~MDHC~~RDHAP owner acknowledges receiving notice that the ~~MDHC~~RDHAP owner must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of apatient for a minimum of seven years (see 16 CCR section 1116 for the minimum MDHC operating standards).		☐YES	☐NO
21. ~~Does the MDHC's owner~~Will the RDHAP owner and providers use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005?		☐YES	☐NO
22. ~~Does the MDHC~~Will the RDHAP owner and providers comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.318, with respect to the patient's "Protected Health Information (PHI)"? For the purposes of this question, PHI, as defined in section 1320d of Title 42 of the United States Code, includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.		☐YES	☐NO
23. Is the MDHC readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36?		☐YES	☐NO
24. Does the MDHC have access to a sufficient water supply to meet patients' health and safety needs* at all times, including hot water? *Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)		☐YES	☐NO
25. Does the MDHC have access to toilet facilities available to staff and the patients of the MDHC?		☐YES	☐NO

MDHC REQUIREMENTS

26. Does the MDHC have a covered galvanized, stainless steel, or other noncorrosive ~~metal~~, heavy duty puncture-resistant and leak-proof container for deposit of refuse and waste materials?		☐YES	☐NO
27. Does the MDHC have a working Automated External Defibrillator (AED)?		☐YES	☐NO
28. If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, does~~Does~~ the MDHC have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support? *If registering or renewing an MDHC and the RDHAP ***does not*** administer local anesthesia or perform soft tissue curettage pursuant to 16 CCR section 1118, check the "N/A" box.	☐YES	☐NO	☐N/A* _____

ACKNOWLEDGEMENT

29. Have you reviewed BPC sections 1926.1, 1926.2, and 1944, and 16 CCR sections 1116, ~~and~~ 1117, and 1118? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.	☐YES	☐NO

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the registration hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the foregoing registration application and that all information, statements, attachments, and representations provided by me in this application are true and correct. By submitting the application and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

NOTICES

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 1926.1 and 1926.2, and California Code of Regulations, Title 16, Section 1116. The Dental Hygiene Board of California

uses this information principally to identify and evaluate applicants for registration and to 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 registration unless you provide all 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 Sections 7920.000 through 7931.000), as allowed by the Information Practices Act (Civil Code Sections 1798 through 1798.78);
- 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.

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS:
Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license 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 SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

STATE TAX OBLIGATION NOTICE:
The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your registration may be suspended, or your renewal application denied if the state tax obligation is not paid, and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31and 494.5 of the California Business and Professions Code).

CONTACT INFORMATION:
For questions about this notice or access to your records, you may contact the Executive Officer as follows:

Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY			
Date Received:	**Receipt #:** ☐ **Initial** ☐ **Renewal**		**$ Amount:**
File #:	**Registration #:**	**RDHAP Lic. Exp. Date:**	
Date Issued:	**Analyst:**		