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

PHYSICAL FACILITY REGISTRATION/RENEWAL FOR REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs)

Business & Professions Code (BPC) sections 1905, 1906, 1926.3,1926.4, and 1944, and California Code of Regulations (CCR) Title 16, Division 11 section 1116.5.

NOTE: EACH Physical Facility requires a separate registration/renewal application. **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 somethingdoes not apply to you, please check the "N/A" box. Failure to do so may cause a delay in processing your registration/renewal. Please type or print neatly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY APPLICATION

NO FEE FOR REGISTRATION OR RENEWAL OF ~~A PRIMARY~~THE FIRST PHYSICAL FACILITY WHERE DENTAL HYGIENE SERVICES ARE RENDERED (FIXED-SITE PRACTICE FACILITY) OR FOR ~~A~~ANY PHYSICAL ~~FACILITY~~FACILITIES TO MAINTAIN PORTABLE EQUIPMENT ~~REGISTRATION~~(PORTABLE PRACTICE)

REGISTRATION FEE FOR EACH ADDITIONAL PHYSICAL FACILITY WHERE DENTAL HYGIENE SERVICES ARE RENDERED (FIXED-SITE PRACTICE FACILITY): $160

BIENNIAL RENEWAL FEE FOR EACH ADDITIONAL PHYSICAL FACILITY WHERE DENTAL HYGIENE SERVICES ARE RENDERED (FIXED-SITE PRACTICE FACILITY): $250

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

RDHAP 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 (check all that apply):

~~☐New Registration~~ ~~☐Renewal - Facility #~~

~~☐Portable Equipment~~ ~~☐Primary Office Facility~~ ~~☐Additional Office Facility~~

☐New Registration: ☐Physical Facility to Maintain Portable Equipment (Portable Practice)

☐~~Primary~~ First Physical Facility Where Dental Hygiene Services are Rendered (Fixed-Site Practice Facility)

☐Additional Physical Facility Where Dental Hygiene Services are Rendered (Fixed-Site Practice Facility)

☐Renewal: Physical Facility Number _____

PLEASE NOTE: A physical facility is defined in 16 CCR section 1116.5 as a fixed structure in which dental hygiene services are rendered or where portable equipment is maintained.

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 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. Number and Street (including apartment number, if applicable):		
City	State	Zip Code
6. Email Address	7. RDHAP Contact Number	

ADDRESS OF PHYSICAL FACILITY* (REQUIRED)

*The RDHAP owner shall maintain a physical address of record for ~~the~~***~~each~~*** physical facility ~~or facilities~~ registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change. **NOTE:** At the time of registration, ~~the location~~***all physical facilities where dental hygiene services are rendered (Fixed-Site Practice Facilities)*** shall be located in a dental health professional shortage area, as certified by the Department of Health Care Access and Information, pursuant to BPC sections 1926, 1926.01, and 1926.05. ~~Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal.~~

8. Number and Street (including suite number, if applicable) (If same as "Address of Record," indicate "Same as above.")

City	State	Zip Code
9. Physical Facility's Email Address	10. Physical Facility's Contact Number	

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
11. Does the ~~physical facility's~~RDHAP owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or during use of portable equipment as required by 16 CCR section ~~1116~~1116.5? ***Provide a copy **(labeled as Exhibit 1)** if initial registration or 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 in a dental facility which is established within the city or county in which the RDHAP owner or provider provides dental hygiene services.	☐YES*	☐NO	☐N/A
12. Does the ~~physical facility'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 N/A box.~~: ☐ N/A~~	☐YES*	☐NO	☐N/A
13. Is there a telephone number where patients are able to contact the ~~physical facility's~~RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?		☐YES	☐NO
14. 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 after receiving dental hygiene services?		☐YES	☐NO
15. Will the RDHAP owner comply with all state and local laws and ordinances regarding business licensing and operations?		☐YES	☐NO
16. Will the ~~physical facility~~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 physical facility including a local or		☐YES*	☐NO

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
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 county building permit, a fictitious name permit as provided in Section 1962 of the BPC, and/or a seller's permit if a permit is required under the Sales and Use TaxLaw, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code. **Provide copies and label as Exhibit 3.**			
17. Does the physical facility's radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Ch.5, Subchapter 4, §§30100 through 30395)? *Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check ~~this~~the "N/A" box.~~: ☐ N/A~~ *If the RDHAP does not provide radiographic services, check the "N/A" box.	☐YES	☐NO	☐N/A*
18. The RDHAP owner acknowledges receiving notice that the physical facility must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient a minimum of seven years (see 16 CCR section 1116.5 for the minimum physical facility operating standards).		☐YES	☐NO
19. ~~Does the physical facility'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
20. ~~Does the physical facility~~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 164.31, 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
21. Is the physical facility readily accessible to and usable 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? *Not applicable to Physical Facility to Maintain Portable Equipment	☒YES	☐NO	☐N/A*

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check ~~this~~the "N/A" box.~~: ☐ N/A~~			
22. Does the physical facility 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

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
23. Does the physical facility have toilet facilities within the dental hygiene facility available to staff and the public? *Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check the "N/A" box.	☐YES	☐NO	☐N/A*
24. Does the physical facility 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
25. Does the physical facility have a working Automated External Defibrillator (AED)? *Not applicable to Physical Facility to Maintain Portable Equipment Registration or Renewal. If registering or renewing registration of a physical facility to maintain portable equipment check ~~this~~the "N/A" box.~~: ☐ N/A~~	☐YES	☐NO	☐N/A*
26. If an RDHAP administers local anesthesia or performs soft tissue curettage pursuant to 16 CCR section 1118, does~~Does~~ the physical facility 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: 1) a Physical Facility to Maintain Portable Equipment; or 2) a Physical Facility 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*
27. Have you reviewed BPC sections BPC 1926, 1926.01, 1926.05, 1926.3, 1926.4, and 1944, and 16 CCR sections 1116.5, ~~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 questions in the foregoing registration and that all information, statements, attachments, and representations provided by me in this registration are true and correct. By submitting the registration 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.

REGISTRANT 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 1905, 1926.3, and 1926.4, and California Code of Regulations, Title 16, Section 1116.5. 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 license 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 31 and 494.5 of the California Business and Professions Code).

CONTACT INFORMATION:
For questions about this notice or access to your records, you may contact:

Dental Hygiene Board of California
2005 Evergreen Street, Suite1350
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:**		