



APPLICATION TO ACTIVATE / INACTIVATE LICENSE

Amt:

Receipt #

Please print or type legibly

Name of Licensee:	License #:
Mailing Address:	Home Phone #:
Email Address:	Cell Phone #:

ACTIVATION

- I wish to **ACTIVATE** my RDH/RDHEF/RDHAP license. Attached are copies of the certificates of completion for the required continuing education (CE) units that have been taken within the last two (2) years. Mandatory courses by a California Registered Provider include:
- 2 units in infection control,
 - 2 units in the California Dental Practice Act
 - A course in basic life support as approved by the American Red Cross or the American Heart Association, the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).
- Section 1016 and 1017 of the California Code of Regulations**
- I have enclosed my current **original INACTIVE pocket license**, *as required*.
- I have enclosed the required **\$25.00 fee** to replace my inactive license with an active license.

INACTIVATION

- I wish to **INACTIVATE** my RDH/RDHEF/RDHAP license. I understand that I may **NOT** perform any duties that requires a license until my license is reactivated.
- I have enclosed my current **original ACTIVE pocket license**, *as required*.
- I have enclosed the required **\$25.00 fee** to replace my active license with an inactive license.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE IS TRUE AND CORRECT.

 PRINTED NAME

 SIGNATURE

 DATE