



APPLICATION TO ACTIVATE / INACTIVATE LICENSE

Cashiering No:

Please print or type legibly

Name of Licensee:	License Number:
Mailing Address :	Phone Number:
Email Address:	Social Security Number:

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 include 2 units in infection control, 2 units in the California Dental Practice Act and 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). No more than 20% of the required units may be courses which not directly related to the practice of dentistry.

Section 1016 and 1017 of the California Code of Regulations

I wish to **INACTIVATE** my RDH/RDHEF/RDHAP license. I understand that I may **NOT** perform any duties that require a license until my license is reactivated.

I have enclosed my current **original ACTIVE pocket license**, as required.

I have enclosed my current **original INACTIVE pocket license** as required.

I have enclosed the required **\$25.00 fee** for the replacement of my pocket license.

I certify under penalty of the laws of the State of California that the above is true and correct.

Signature and Date (REQUIRED)

INFORMATION COLLECTION AND ACCESS

Agency requesting information: Department of Consumer Affairs, Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 1050, Sacramento, CA 95815 (916) 263-1978.

The information in this application is mandatory and is maintained by the Executive Officer in accordance with the Business and Professions Code, Section 1905. The information requested will be used to activate or inactivate a license. Failure to provide all or any part of the requested information may result in the application being rejected as incomplete.

Any known or foreseeable interagency or intergovernmental transfers, which may be made of the information, when necessary, are other federal, state and local law enforcement agencies.

Each individual has the right to review personal information maintained on that person by the agency, unless the records are exempt from disclosure.