



**APPLICATION to practice DENTAL HYGIENE through LICENSURE BY CREDENTIAL**

**ALL FEES ARE NON-REFUNDABLE**

File #	Amt: \$	Receipt #
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<b>Fee: \$200.00</b> \$100.00 Application Fee \$100.00 License Issuance Fee <b>Payable to "DHCC"</b> <b>LAW &amp; ETHICS EXAM FEE PAYABLE TO PSI AT A LATER DATE</b>	<u>PAYMENT FORMS ACCEPTED</u> PERSONAL CHECK CASHIERS CHECK BUSINESS CHECK MONEY ORDER
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RDH Sch: \_\_\_\_\_ GRAD DATE: \_\_\_\_\_ NB DATE: \_\_\_\_\_  
 State/Regional Exam: \_\_\_\_\_ Military  Photo  CE   
 STC  LA  NO  Xray  **Clearances: DOJ  FBI**   
 Out of State Licenses: \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY, IF YOU MAKE A MISTAKE, LIGHTLY CROSS IT OUT, DO NOT USE WHITE-OUT. WRITE "N/A" OR A "-" IF NOT APPLICABLE.

<b>1. APPLICANT'S FULL LEGAL NAME:</b> <i>Last</i> <i>First</i> <i>Middle</i>	<b>2. SOCIAL SECURITY #</b>
<i>List any other names or aliases you have ever used:</i>	<b>3. BIRTH DATE (MM/DD/YY)</b>
<b>4. ADDRESS OF RECORD*</b>	<i>City</i> <i>State</i> <i>Zip Code</i>
<b>5. EMAIL ADDRESS:</b>	<b>6. TELEPHONE NUMBERS:</b> (    )                      (    ) Home                      Work

\*ONCE LICENSED, THE ADDRESS OF RECORD WILL BE POSTED ON THE INTERNET AND DISCLOSED TO THE PUBLIC UPON REQUEST.

**7. DO YOU HAVE A CERTIFIED DISABILITY OR CONDITION THAT REQUIRES SPECIAL ACCOMMODATIONS FOR TESTING?**      YES       NO   
*If YES, contact the DHCC for a "Special Accommodations" packet.*

**8. DENTAL HYGIENE PROGRAM/SCHOOL GRADUATION REQUIREMENT.** PROVIDE THE NAME OF AND DATE ON WHICH YOU GRADUATED FROM A DENTAL HYGIENE SCHOOL ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION (CODA).  
**SCHOOL NAME:** \_\_\_\_\_ **GRAD DATE:**    /    /

**9. LICENSURE IN OTHER STATES REQUIREMENT.** LIST ALL THE STATES AND COUNTRIES IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED IN. THIS INCLUDES LICENSURE AS AN RDA OR RDAEF THROUGH THE DENTAL BOARD OF CALIFORNIA .

STATE	LICENSE TYPE AND NUMBER	DATE LICENSE ISSUED	EXPIRATION DATE

## EXAMINATION REQUIREMENTS

**10. DHCC CLINICAL EXAMINATION.** WITHIN THE LAST FIVE (5) YEARS, HAVE YOU TAKEN THE CALIFORNIA RDH CLINICAL EXAMINATION? YES  NO

If **YES**, disclose the date that you last took the exam. TEST DATE: / /

*Pursuant to B&P code §1917.1(8)*

**11. WESTERN REGIONAL EXAMINING BOARD (WREB).** WITHIN THE LAST FIVE (5) YEARS, HAVE YOU TAKEN THE WREB DENTAL HYGIENIST CLINICAL EXAMINATION? YES  NO

If **YES**, disclose the date that you last took the exam. TEST DATE: / /

If **YES**, provide the examination results along with the "Dental Hygiene Summary Profile Sheet" from WREB.

*Pursuant to B&P code §1917.1(8)*

**12. PASSAGE OF A CLINICAL EXAM.** YOU MUST PROVIDE PROOF AND THE DATE ON WHICH YOU PASSED A CLINICAL EXAM. *If the proof of passing said clinical exam is included on a license certification from a state licensing board, please indicate which state below.*

CLINICAL EXAM: \_\_\_\_\_ DATE: / /  
*(i.e. Regional or State)*

*Pursuant to B&P code §1917.1(7)*

**13. PASSAGE OF DENTAL HYGIENE NATIONAL BOARD.** PROVIDE AN ORIGINAL NATIONAL BOARD "SCORE REPORT" AND THE DATE ON WHICH YOU SUCCESSFULLY PASSED THE DENTAL HYGIENE NATIONAL BOARD.

DATE: / /

*Pursuant to B&P code §1917.1(7)*

**14. COMPLETION OF APPROVED SPECIFIED COURSEWORK.**

YOU MUST PROVIDE PROOF OF PASSING CALIFORNIA DENTAL BOARD-APPROVED COURSEWORK IN:

⇒ **SOFT TISSUE CURETTAGE** ⇒ **ADMINISTRATION OF NITROUS OXIDE/OXYGEN** ⇒ **ADMINISTRATION OF LOCAL ANESTHESIA**

**BOARD APPROVED COURSEWORK COMPLETED AT:**

\_\_\_\_\_; ON DATE: / /  
NAME OF CALIFORNIA BOARD-APPROVED PROVIDER

*Pursuant to B&P code §1917(f)*

**15. COMPLETION OF AN ADA APPROVED RADIATION SAFETY COURSE.** YOU MUST PROVIDE CERTIFICATION OF ACCEPTABLE RADIATION SAFETY INSTRUCTION ON THE FORM PROVIDED BY THE DHCC OR YOU WILL NOT BE ALLOWED TO EXPOSE DENTAL RADIOGRAPHS .

***IF YOU GRADUATED PRIOR TO 1985, YOU MUST TAKE A CALIFORNIA BOARD-APPROVED COURSE IN RADIATION SAFETY.***

**16. CONTINUING EDUCATION REQUIREMENT.** YOU MUST PROVIDE ORIGINAL CERTIFICATES OF COMPLETION OF 25 UNITS OF CONTINUING EDUCATION TAKEN NO MORE THAN TWO (2) YEARS PRIOR TO THE DATE (MONTH/YEAR) OF SUBMITTING THIS APPLICATION.

The following continuing education is mandatory and **must** be taken from a California Board-approved provider:

- Basic Life Support for Healthcare Providers (CPR);
- 2 hour course on the California Dental Practice Act;
- 2 hour California Infection Control.

# OF UNITS  
COMPLETED

*Pursuant to B&P code §1917.1(9)*

## EXPERIENCE REQUIREMENT

**17.(A) CLINICAL PRACTICE EXPERIENCE.** I CERTIFY THAT I HAVE BEEN IN CLINICAL PRACTICE AS A DENTAL HYGIENIST FOR A MINIMUM OF 750 HOURS PER YEAR, FOR AT LEAST FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE (MONTH/YEAR) OF SUBMITTING THIS APPLICATION, AND HAVE ATTACHED A COMPLETED "CERTIFICATION OF DENTAL HYGIENE CLINICAL PRACTICE" FORM. YES  NO

*NOTE: LESS THAN 5 YEARS IS REQUIRED IF IN COMBINATION WITH 17(B) OR 17(C) BELOW.*

**17.(B) FULL-TIME FACULTY EXPERIENCE.** I CERTIFY THAT I HAVE BEEN A FULL-TIME FACULTY MEMBER IN AN ACCREDITED DENTAL HYGIENE EDUCATIONAL PROGRAM FOR A MINIMUM OF 750 HOURS PER YEAR, FOR AT LEAST FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION. YES  NO

*NOTE: LESS THAN 5 YEARS IS REQUIRED IF IN COMBINATION WITH 17(A) ABOVE.*  
*A copy of each pertinent employment contract showing the number of hours performed per year must be submitted with the application.*

**17.(C) PENDING CONTRACT TO PRACTICE IN A CLINIC.** I CERTIFY THAT I HAVE BEEN IN CLINICAL PRACTICE AS A DENTAL HYGIENIST (SEE 17A ABOVE) FOR A MINIMUM OF 750 HOURS PER YEAR, FOR AT LEAST THREE (3) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION, AND HAVE ATTACHED THE REQUIRED COMPLETED "CERTIFICATION OF DENTAL HYGIENE CLINICAL PRACTICE" FORM. I FURTHER CERTIFY THAT IN LIEU OF THE REMAINING TWO (2) YEARS OF THE FIVE (5) YEAR CLINICAL PRACTICE EXPERIENCE REQUIREMENT, I HAVE COMMITTED TO PRACTICE IN CERTAIN SETTINGS OR LOCATIONS IN CALIFORNIA. YES  NO

*Proof of the pending contract to practice in such settings or locations must be provided.*

## APPLICANT DISCLOSURES

**18. MILITARY SPOUSE DISCLOSURE.** ARE YOU MARRIED TO, OR IN A DOMESTIC PARTNERSHIP OR OTHER LEGAL UNION WITH, AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES WHO IS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL "ACTIVE DUTY" MILITARY ORDERS? If the answer is "YES", you **MUST** provide the following documentations:

- Proof of "Active Duty Orders" of the member.
- Proof of marriage, domestic partnership or legal union.
- Proof of current "Registered Dental Hygienist" license in another State, District or territory of the United States.

YES  NO

*Pursuant to B&P code §115.5*

**19. DENIAL OF A LICENSE.** HAVE YOU EVER BEEN DENIED A LICENSE, OR PERMISSION TO PRACTICE DENTAL HYGIENE OR PERMISSION TO TAKE ANY EXAMINATION IN ANY STATE, REGION OR COUNTRY? YES  NO

*If YES, please provide details on page 5 under Section 25, or on a separate attachment.*

**20. LICENSE DISCIPLINE.** HAVE YOU EVER BEEN CHARGED WITH, OR BEEN FOUND TO HAVE COMMITTED, UNPROFESSIONAL CONDUCT, INCOMPETENCE, GROSS NEGLIGENCE, OR REPEATED NEGLIGENT ACTS OR MALPRACTICE BY ANY LICENSING BOARD, GOVERNMENT AGENCY OR OTHER DISCIPLINARY BODY? "Discipline" includes, but is not limited to, suspension, revocation, probation, or any other restriction. "License" includes permits, registrations and certificates. Check the box next to "**NO**" if you have never had a license disciplined by a government agency or other disciplinary body. YES  NO

*If YES, please provide details on page 5 under Section 25, or on a separate attachment.*

**21.** IN LIEU OF FORMAL DISCIPLINE OR WITH CHARGES PENDING, HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE ANY PROFESSIONAL LEVEL OF DENTISTRY, INCLUDING BUT NOT LIMITED TO HYGIENE OR ASSISTING, IN ANY STATE, REGION, COUNTRY, OR U.S. FEDERAL JURISDICTION? YES  NO

*If YES, please provide details on page 5 under Section 25, or on a separate attachment.*

22. **CRIMINAL CONVICTIONS.** HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR, OR FELONY IN ANY STATE, REGION, COUNTRY?

**UNDER THE PROVISIONS OF PENAL CODE §1203.4, APPLICANTS MUST REPORT ANY CONVICTIONS OR PLEAS OF "NOLO CONTENDERE" IRRESPECTIVE OF A SUBSEQUENT ORDER THAT EXPUNGES THE CRIMINAL RECORD.**

"Conviction" includes any infractions, misdemeanors, or felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. Applicants that answer "**NO**" to the question, when there is a previous conviction or plea, may have their application denied for knowingly falsifying the application pursuant to §480(c) of the Business and Professions code.

YES  NO

*If **YES**, submit a certified copy of the judgment of conviction, and any evidence of rehabilitation; you **must** disclose details of the occurrence including violation, location, date, and disposition of the case on page 5 under Section 25.*

### EXECUTION OF APPLICATION

I, \_\_\_\_\_ declare that I am the applicant for licensure referred to in this application for licensure in Dental Hygiene through Licensure by Credential (LBC). I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

PRINT NAME HERE

I certify under penalty of perjury under the laws of the State of California that the information provided in the foregoing and any attachments hereto in this application being submitted to the Dental Hygiene Committee of California is true and correct to the best of my knowledge and belief.

23. SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

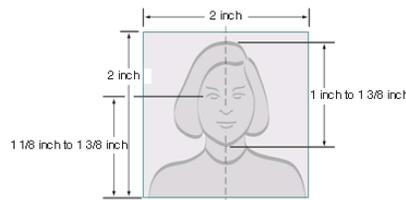
### APPLICANT PHOTOGRAPH

24. PLEASE PROVIDE A RECENT PHOTOGRAPH. THE PHOTOGRAPH SHOULD BE:

- STANDARD PASSPORT PHOTO
- 2 INCH X 2 INCH SIZE
- SHOULDERS FACING FRONT
- FULL NAME ON THE BACK
- FACE UN-OBSCURED

DATE PHOTO TAKEN: \_\_\_\_\_

Paper Photo Head Size Template



**USE THE DIAGRAM TO THE RIGHT AS A GUIDE.**

PLACE PHOTO HERE

### **NOTICE**

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

