



## EXAMINATION REQUIREMENTS

<b>11.</b>	<b>PASSAGE OF WREB.</b> PROVIDE THE DATE ON WHICH YOU PASSED THE WREB CLINICAL EXAM. <i>If you have failed previous attempts before a passing score was received, you must provide a "Dental Hygiene Examination History" from WREB.</i>	DATE: / /	
<i>Pursuant to B&amp;P code §1917(b)</i>			
<b>12.</b>	<b>PASSAGE OF DENTAL HYGIENE NATIONAL BOARD.</b> PROVIDE AN ORIGINAL " <b>SCORE REPORT</b> " AND THE DATE ON WHICH YOU SUCCESSFULLY PASSED THE DENTAL HYGIENE NATIONAL BOARD.	DATE: / /	
<i>Pursuant to B&amp;P code §1917(c)</i>			
<b>13.</b>	<b>COMPLETION OF APPROVED SPECIFIED COURSEWORK.</b> YOU MUST PROVIDE PROOF OF PASSING CALIFORNIA BOARD- APPROVED COURSES IN:  ⇒SOFT TISSUE CURETTAGE    ⇒ ADMINISTRATION OF NITROUS OXIDE/OXYGEN    ⇒ ADMINISTRATION OF LOCAL ANESTHESIA  <i>Proof of completion <b>NOT</b> required for California graduates.</i>		
<i>Pursuant to B&amp;P code §1917(f)</i>			
<b>14.</b>	<b>COMPLETION OF AN ADA APPROVED RADIATION SAFETY COURSE FOR NON-CALIFORNIA GRADUATES.</b> 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.  <b><i>IF YOU GRADUATED PRIOR TO 1985, YOU MUST TAKE A CALIFORNIA BOARD-APPROVED COURSE IN RADIATION SAFETY.</i></b>  <i>Proof of completion <b>NOT</b> required for California graduates.</i>		
<i>Pursuant to B&amp;P code §1917</i>			
<b>15.</b>	<b>MILITARY SPOUSE DISCLOSURE.</b> 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 <b>MUST</b> provide the following documentations: <ul style="list-style-type: none"> <li>• Proof of "Active Duty Orders" of the member.</li> <li>• Proof of marriage, domestic partnership or legal union.</li> <li>• Proof of current "Registered Dental Hygienist" license in another State, District or territory of the United States.</li> </ul>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>16.</b>	<b>IMPOSING GROSS TRAUMA.</b> HAVE YOU EVER TAKEN A CLINICAL EXAMINATION WHERE YOU IMPOSED GROSS TRAUMA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>17.</b>	<b>PRIOR CLINICAL EXAMINATION RESULTS.</b> HAVE YOU FAILED THREE OR MORE CLINICAL EXAMINATIONS, INCLUDING ANY EXAMINATIONS WITH ANY TESTING AGENCIES OR BOARDS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>If YES, provide the examination results along with the "Dental Hygiene Summary Profile Sheet" from WREB.</i>			
<b>18.</b>	<b>FINGERPRINTING REQUIREMENT PURSUANT TO BUSINESS &amp; PROFESSIONS CODE §1916(A).</b> I HAVE INCLUDED COPY OF THE COMPLETED LIVESCAN FORM.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>19.</b>	<b>LICENSE DISCIPLINE.</b> HAVE YOU EVER BEEN CHARGED WITH, OR BEEN FOUND TO HAVE COMMITTED, ANY 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 " <b>NO</b> " if you have never had a license disciplined by a government agency or other disciplinary body.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>If YES, please provide details on page 4 under Section 25, or on a separate attachment.</i>			
<b>20.</b>	<b>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?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>If YES, please provide details on page 4 under Section 25, or on a separate attachment.</i>			

**21. CRIMINAL CONVICTIONS.** HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE TO ANY OFFENSE, INFRACTION, MISDEMEANOR OR FELONY, IN ANY STATE OR 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.**  
 You **do not** need to report a conviction for an infraction with a fine of less than \$300 unless it 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 B&P 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 4 under Section 25.*

**22. 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, COUNTRY? YES  NO

*If YES, please provide details on page 4 under Section 25, or on a separate attachment.*

**EXECUTION OF APPLICATION**

I, \_\_\_\_\_  
PRINT NAME HERE declare that I am the applicant for licensure referred to in this application for licensure in Dental Hygiene through successful completion of the Western Regional Examination Board (WREB). I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. 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**

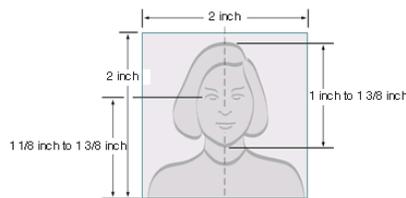
**24. PLEASE PROVIDE A RECENT PHOTOGRAPH.**

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.**



**25. ADDITIONAL EXPLANATIONS.** IF YOU NEED SPACE FOR ADDITIONAL ANSWERS TO ANY OF THE APPLICATION QUESTIONS, LIST THE QUESTION NUMBER AND PROVIDE ADDITIONAL INFORMATION AS NEEDED.

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(if additional space is needed, attach a separate page)

## **ALERT – POTENTIAL LICENSE DENIAL OR SUSPENSION FOR FAILURE TO PAY TAXES**

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer Information with the Committee. The DHCC is required to deny an application for licensure or suspend a license if a licensee or applicant has outstanding tax obligations with either the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) , and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000 pursuant to AB 1424. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

## **NOTICE ON COLLECTION OF PERSONAL INFORMATION**

### **COLLECTION AND USE OF PERSONAL INFORMATION**

The Dental Hygiene Committee 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 and 1917, and California Code of Regulations Sections 1076 and 1079 and the Information Practices Act. The Dental Hygiene Committee of California uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses and enforce licensing standards set by law and regulation.

### **MANDATORY SUBMISSION**

Submission of the requested information is mandatory. The Dental Hygiene Committee of California cannot consider your application for licensure or renewal unless you provide all of the requested information.

### **ACCESS TO PERSONAL INFORMATION**

You may review the records maintained by the Dental Hygiene Committee 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 Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- 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.

### **CONTACT INFORMATION**

For questions about this notice or access to your records, you may contact DHCC Staff with the Dental Hygiene Committee of California at 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, by phone at (916) 263-1978, or by e-mail, which is available on our website at [www.dhcc.ca.gov](http://www.dhcc.ca.gov). For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).