

EDUCATION & EXPERIENCE REQUIREMENTS

12. EXPERIENCE REQUIREMENT.

I CERTIFY THAT I HAVE BEEN ENGAGED IN CLINICAL PRACTICE AS A DENTAL HYGIENIST FOR _____ INITIALS _____
 A **MINIMUM OF 2,000 HOURS** DURING THE **IMMEDIATELY PRECEDING 36 MONTHS**.

“Clinical practice” means the practice of dental hygiene as defined in §1922(a)(1) of the Business & Professions Code, in any setting allowed by law and under the supervision specified by law.

You must attach a “Certification of Dental Hygiene Clinical Practice” form with this application.

Pursuant to B&P code

§1922(a)(1)

13. BACHELOR’S DEGREE REQUIREMENT.

THE SUCCESSFUL COMPLETION OF **120 SEMESTER** UNITS OR **180 QUARTER** UNITS
 OR A COMBINATION THEREOF SHALL BE CONSIDERED THE EQUIVALENT OF A _____ SEMESTER UNITS _____
 BACHELOR’S DEGREE. _____ QUARTER UNITS _____

SEMESTER/QUARTER UNIT CONVERSION RULES

Quarter Units X 2/3 (or 0.666) = Semester Units

Semester Units X 1.5 = Quarter Units

TOTAL UNITS _____

You must attach a copy of your diploma or official transcripts documenting that you have successfully completed a bachelor’s degree or its equivalent from a college or institution of higher education that is accredited by a national agency recognized by the Council for Higher Education Accreditation (successor to the Council on Post-Secondary Accreditation) or the United States Department of Education.

Pursuant to B&P code §1922(a)(2)

14. COMPLETION OF APPROVED RDHAP EDUCATIONAL PROGRAM. ATTACH A CERTIFICATE OF COMPLETION OR DIPLOMA AS PROOF THAT YOU HAVE SUCCESSFULLY COMPLETED AN RDHAP EDUCATIONAL PROGRAM APPROVED BY THE DENTAL BOARD OF CALIFORNIA. *If you have received a letter of acceptance into the employment utilization phase of the Health Manpower Pilot Project No. 155, prior to June 1, 1997, you do not have to meet this requirement.*

15. HEALTH MANPOWER PILOT PROJECT NO. 155. HAVE YOU RECEIVED LETTER OF ACCEPTANCE INTO THE EMPLOYMENT UTILIZATION PHASE OF THE HEALTH MANPOWER PILOT PROJECT, NO. 155, **PRIOR** TO JUNE 1, 1997? *If YES, you must provide a copy of the letter.* YES NO
Pursuant to B&P code §1922(b)

16. 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? YES NO
 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.

17. LICENSE DISCIPLINE. HAVE YOU EVER BEEN CHARGED WITH, OR BEEN FOUND TO HAVE COMMITTED, ANY **UNPROFESSIONAL CONDUCT, INCOMPETENCE, GROSS NEGLIGENCE, OR MALPRACTICE** BY ANY LICENSING BOARD, GOVERNMENT AGENCY OR OTHER DISCIPLINARY BODY? YES NO
“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.
If YES, please provide details on page 4 under Section 23, or on a separate attachment.

18. IN LIEU OF FORMAL DISCIPLINE OR WITH CHARGES PENDING, HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE ANY LEVEL OF DENTISTRY, INCLUDING BUT NOT LIMITED TO HYGIENE OR ASSISTING, IN ANY STATE, REGION, COUNTRY, OR US FEDERAL JURISDICTION? YES NO
If YES, please provide details on page 4 under Section 23, or on a separate attachment.

19. CRIMINAL CONVICTIONS. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY INFRACTIONS, MISDEMEANORS, OR FELONIES IN ANY STATE, REGION, COUNTRY OR US FEDERAL JURISDICTION?
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 4 under Section 23.*

20. 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 23, or on a separate attachment.

EXECUTION OF APPLICATION

I, _____ declare that I am the applicant for licensure referred to in this application for licensure as a Registered Dental Hygienist in Alternative Practice. 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.

21. SIGNED _____ **DATE** _____

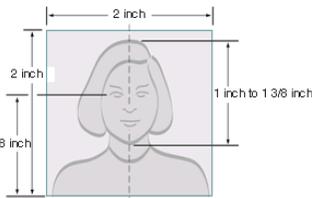
APPLICANT PHOTOGRAPH

22. 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



PLACE PHOTO HERE

USE THE DIAGRAM TO THE RIGHT AS A GUIDE.

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.

