



LICENSE APPLICATION TO PRACTICE DENTAL HYGIENE through passage of CENTRAL REGIONAL DENTAL TESTING SERVICES, INC. (CRDTS)

ALL FEES ARE NON-REFUNDABLE

Fee: \$200.00

\$100.00 Application Fee
 \$100.00 License Issuance Fee

Payable to "DHCC"

LAW & ETHICS EXAM FEE PAYABLE TO PSI AT A LATER DATE

PAYMENT FORMS ACCEPTED

PERSONAL CHECK
 CASHIERS CHECK
 BUSINESS CHECK
 MONEY ORDER

File #	Amt: \$	Receipt #	OFFICE USE ONLY
RDH Sch: _____ GRAD DATE: _____ Photo <input type="checkbox"/>			
CRDTS: _____ Remediation <input type="checkbox"/> NB DATE: _____			
STC <input type="checkbox"/> LA <input type="checkbox"/> NO <input type="checkbox"/> Xray <input type="checkbox"/> Military <input type="checkbox"/> RDA/RDAEF <input type="checkbox"/> Out of State License <input type="checkbox"/> Clearances: DOJ <input type="checkbox"/> FBI <input type="checkbox"/>			

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.

1. APPLICANT'S FULL LEGAL NAME: Last First Middle			2. SOCIAL SECURITY #
List any other names or aliases you have ever used:			3. BIRTH DATE (MM/DD/YY)
4. ADDRESS OF RECORD* City State Zip Code			
5. EMAIL ADDRESS:		6. TELEPHONE NUMBERS: () 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 <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, contact the DHCC for a "Special Accommodations" packet.</i>			
8. HAVE YOU PREVIOUSLY TAKEN THE CALIFORNIA RDH LAW & ETHICS EXAMINATION? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, disclose the date that you last took the exam.</i> TEST DATE: / /			
9. 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: / /			
10. LICENSURE IN CALIFORNIA AND OTHER STATES. IF YOU ARE NOW OR HAVE EVER BEEN PREVIOUSLY LICENSED IN ANOTHER STATE OR TERRITORY TO PRACTICE DENTAL HYGIENE, LIST EACH LICENSE BELOW. THIS INCLUDES LICENSURE AS AN RDA OR RDAEF THROUGH THE DENTAL BOARD OF CALIFORNIA. <i>Mark NONE if you have never held any professional license.</i> NONE <input type="checkbox"/>			
STATE	LICENSE TYPE AND NUMBER	DATE LICENSE ISSUED	EXPIRATION DATE
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EXAMINATION REQUIREMENTS

11.	PASSAGE OF CRDTS. PROVIDE THE DATE ON WHICH YOU PASSED THE CRDTS CLINICAL EXAM. <i>If you have failed previous attempts before a passing score was received, you must provide each "Original Examination Score Report" from CRDTS.</i>	DATE: / /	
<i>Pursuant to B&P code §1917(b)</i>			
12.	PASSAGE OF DENTAL HYGIENE NATIONAL BOARD. PROVIDE AN ORIGINAL "SCORE REPORT" AND THE DATE ON WHICH YOU SUCCESSFULLY PASSED THE DENTAL HYGIENE NATIONAL BOARD.	DATE: / /	
<i>Pursuant to B&P code §1917(c)</i>			
13.	COMPLETION OF APPROVED SPECIFIED COURSEWORK. 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 NOT required for California graduates.</i>		<i>Pursuant to B&P code §1917(f)</i>
<i>Pursuant to B&P code §1917(f)</i>			
14.	COMPLETION OF AN ADA APPROVED RADIATION SAFETY COURSE FOR NON-CALIFORNIA GRADUATES. 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. <i>If you graduated prior to 1985, you must take a California Board-approved course in radiation safety.</i> <i>Proof of completion NOT required for California graduates.</i>		<i>Pursuant to B&P code §1917</i>
<i>Pursuant to B&P code §1917</i>			
15.	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? <i>If the answer is "YES", you MUST provide the following documentations:</i> <ul style="list-style-type: none"> • 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 <input type="checkbox"/> NO <input type="checkbox"/>	
16.	IMPOSING GROSS TRAUMA. HAVE YOU EVER TAKEN A CLINICAL EXAMINATION WHERE YOU IMPOSED GROSS TRAUMA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
17.	PRIOR CLINICAL EXAMINATION RESULTS. 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 "Examination Score Report Sheet" from CRDTS.</i>			
18.	FINGERPRINTING REQUIREMENT PURSUANT TO §1916(A) OF THE BUSINESS & PROFESSIONS CODE . I HAVE INCLUDED COPY OF THE COMPLETED LIVESCAN FORM.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
19.	LICENSE DISCIPLINE. 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? <i>"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.</i>	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>			
20.	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 <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 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 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, _____ declare that I am the applicant for licensure referred to in this application for licensure in Dental Hygiene through successful completion of the Central Regional Dental Testing Services, Inc. (CRDTS). 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** _____

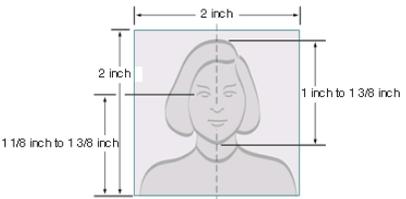
APPLICANT PHOTOGRAPH

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.

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.

