



DOCUMENTATION OF RDHAP RELATIONSHIP WITH DENTIST

APPLICANT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

RDHAP LICENSE NUMBER: _____

Pursuant to Business and Professions Code §1930, I have an existing relationship with at least one Dentist for referral, consultation and emergency services.

DENTIST NAME: _____

LICENSE NUMBER: _____ EXPIRATION DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE (____) _____

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DENTIST SIGNATURE

DATE

RDHAP SIGNATURE

DATE

Pursuant to California Code of Regulations §1090.1, the Dentist's license must be current, active and not under discipline by the Dental Board of California. An RDHAP must report any changes in the relationship with their Dentist of record to the Committee, in writing, within 30 days of such a change.