



## WREB APPLICATION CHECKLIST

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- Completed and signed application form. Disclose your full legal name; (*Last, First, Middle*).  
***Incomplete applications will be returned to the applicant.***
- Enclose the required fee: **\$200.00**  
*Acceptable forms of payment are personal check, cashier's check or money order, made payable to "DHCC".*
- Copy of your diploma.  
*If you graduated from your Hygiene Program prior to 1985, you must take a California Board-Approved course in Radiation Safety.*
- Original National Board Scorecard.
- Original "**Sealed Success Report**" as proof of successful completion of WREB.  
*If you have failed previous attempts before a passing score was received, you must provide an "Dental Hygiene Examination History".*
- Copy of your completed Live Scan fingerprint submission form.
- One (1) 2 inch x 2 inch Passport Photograph.  
*Attach Photo in the space indicated on page 3, section 24.*

### Out of State Graduates

- Original certification of completion of training in Soft Tissue Curettage, Nitrous Oxide & Oxygen, and Local Anesthetic to State of California standards.  
*Training must be through A California board-approved course provider.*
- Certification of completion of an ADA Radiation Safety Program.  
*Your Hygiene Program Director **MUST** complete the form available on our website.*  
***IF YOU GRADUATED PRIOR TO 1985, YOU MUST TAKE A CALIFORNIA BOARD-APPROVED COURSE IN RADIATION SAFETY.***

### Additional Information, if Applicable

- Licensure certification form(s) from each state that you now hold or ever have held a valid license in; **regardless** of the status of the license (ie, Active, Expired, Canceled, Revoked).
- A Licensure certification form from the Dental Board of CA if you now hold or ever have held a valid RDA /RDAEF license, **regardless** of the status of the license (ie, Active, Expired, Canceled, Revoked).
- Proof of Completion of Remedial Education forms, including any other State or Regional Exams besides WREB. *This form is required if you failed a clinical examination three times or more **AND** if you have imposed gross trauma on a patient during a clinical examination.*
- Spouse of an active duty member stationed in California. *You must provide proof of active duty orders of the active military member, proof of marriage, domestic partnership or legal union; proof of current "Registered Dental Hygienist" licensure in another state, district, territory of the United States is required.*
- Proof of legal name change. *If any of the documents submitted with your application show a different name, you must include a Marriage License or Certificate, Divorce Decree, Naturalization documentation or other Court Order. A driver's license, ID card or social security card will not be accepted as legal proof of name change.*

***All of the above required items must be submitted with your application before you can be accepted as an applicant for licensure. Once your application is deemed complete, a written notice of eligibility to take the written California Law & Ethics Exam will be sent to you by mail.***