



**COURTESY APPLICATION FOR TEMPORARY LICENSURE
FOR MILITARY SPOUSES/DOMESTIC PARTNERS
TO PRACTICE PURSUANT TO
BUSINESS AND PROFESSIONS CODE SECTION 115.6**

NOTICE

A temporary license issued by the Dental Board of California (Board) is nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license pursuant to Business and Professions Code (BPC) section 115.5.

This form is being provided for your convenience. Applications provided in other formats that contain the information requested on this application form may be accepted by the Board to process your application for a temporary license.

Type of License Requested:

- Dentist License
- Registered Dental Assistant License (RDA)
- Registered Dental Assistant in Extended Functions License (RDAEF)
- Orthodontic Assistant Permit
- Dental Sedation Assistant Permit

Permits Requested (Dentist Applicants Only):

- Elective Facial Cosmetic Surgery
- General Anesthesia (Adult/Pediatric)
- Moderate Sedation (Adult/Pediatric)
- Adult Oral Conscious Sedation
- Pediatric Minimal Sedation
- Oral and Maxillofacial Surgery*
- Medical General Anesthesia*

(*Requires a Physician and Surgeon License)

PERSONAL INFORMATION (REQUIRED)

1. SSN/ITIN:

2. BIRTH DATE (MM/DD/YYYY):

3. LEGAL NAME: LAST

FIRST

MIDDLE

4. LIST ANY OTHER NAMES USED:

5. PHYSICAL ADDRESS:

6. MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS):

7. EMAIL ADDRESS:

8. TELEPHONE (INCLUDING AREA CODE):

WORK: _____ HOME: _____

**U.S. MILITARY REQUIREMENT
(FOR SPOUSES/DOMESTIC PARTNERS OF U.S. MILITARY MEMBERS)**

9. ARE YOU MARRIED TO, OR IN A DOMESTIC PARTNERSHIP, OR OTHER LEGAL UNION WITH, A 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 YOU SELECTED YES, YOU MUST ATTACH THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION (SCANNED OR HARD COPY DOCUMENTATION IS SUFFICIENT):

- ONE OF THE FOLLOWING:
 - COPY OF A CERTIFICATE OF MARRIAGE
 - CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE CALIFORNIA SECRETARY OF STATE
 - OTHER DOCUMENTARY EVIDENCE OF A LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES
- COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA

PROFESSIONAL LICENSE OR CERTIFICATION HISTORY

10. DO YOU HOLD A CURRENT, ACTIVE, AND UNRESTRICTED LICENSE, OR COMPARABLE AUTHORITY (LICENSE) TO PRACTICE DENTISTRY, PRACTICE WITHIN THE SCOPE OF AN AFFILIATED PERMIT OR PROVIDE DENTAL SUPPORTIVE PROCEDURES AS A DENTAL AUXILIARY IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES? YES
NO

IF YOU SELECTED YES, YOU MUST PROVIDE WRITTEN VERIFICATION FROM THE ORIGINAL LICENSING JURISDICTION WHICH INCLUDES THE FOLLOWING:

- FULL LEGAL NAME AND ANY OTHER NAME(S) YOU HAVE USED OR BEEN KNOWN BY
- LICENSE TYPE AND NUMBER ISSUED TO YOU
- NAME AND LOCATION OF THE LICENSING AGENCY
- ISSUANCE AND EXPIRATION DATES OF THE LICENSE
- VERIFICATION FROM THE LICENSING JURISDICTION STATING YOUR LICENSE IS IN GOOD STANDING IN THAT JURISDICTION

11. IS THE LICENSE OR PERMIT IDENTIFIED IN ITEM 10 THE SAME TYPE OF LICENSE YOU ARE APPLYING FOR AS A TEMPORARY LICENSE? YES
NO

12. PLEASE LIST ALL LICENSE(S) HELD IN ANOTHER COUNTRY OR ANY STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES ON THE NEXT PAGE. PLEASE INCLUDE VERIFICATIONS FOR ALL ADDITIONAL LICENSES, REGARDLESS OF THE STATUS OF THE LICENSE.

STATE OR COUNTRY	LICENSE NUMBER	ISSUE DATE	STATUS

APPLICANT'S BACKGROUND AND HISTORY

<p>13. HAVE YOU COMMITTED AN ACT IN ANY LICENSING JURISDICTION THAT WOULD HAVE CONSTITUTED GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION OF A LICENSE PURSUANT TO BPC SECTIONS 141, 480, OR 490, OR ARTICLE 4 (COMMENCING WITH SECTION 1670) OR ARTICLE 5 (COMMENCING WITH SECTION 1700) OF THE BPC?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION AND A COPY OF ALL DOCUMENTS RELATING TO THE DISCIPLINARY ACTION.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>14. HAVE YOU BEEN DISCIPLINED BY A LICENSING ENTITY IN ANOTHER JURISDICTION OR ARE YOU THE SUBJECT OF AN UNRESOLVED COMPLAINT, REVIEW PROCEDURE, OR DISCIPLINARY PROCEEDING CONDUCTED BY A LICENSING ENTITY IN ANOTHER JURISDICTION?</p> <p>IF YES, PROVIDE A DETAILED EXPLANATION AND A COPY OF ALL DOCUMENTS RELATING TO THE DISCIPLINARY ACTION.</p> <p>DISCIPLINARY ACTION INCLUDES, BUT IS NOT LIMITED TO, SUSPENSION, REVOCATION, PROBATION, CONFIDENTIAL DISCIPLINE, CONSENT ORDER, LETTER OF REPRIMAND OR WARNING, OR ANY RESTRICTION IMPOSED AGAINST A LICENSE.</p> <p>DISCIPLINARY PROCEEDING INCLUDES ANY INVESTIGATION OR PROCEEDING UNDER THE AUTHORITY OF THE LICENSING JURISDICTION PURSUANT TO WHICH LICENSE DISCIPLINE MAY BE IMPOSED.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

PLEASE SUBMIT FINGERPRINTS TO THE BOARD IN COMPLIANCE WITH THE REQUIREMENTS BELOW:

Each applicant shall take the completed Request for Live Scan Service form to a Live Scan location to have their fingerprints taken by the operator. The applicant will be required to pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks, and Live Scan locations, please visit the Attorney General's website at: <https://oag.ca.gov/FINGERPRINTS/LOCATIONS>.

Applicants residing outside of California who cannot be fingerprinted electronically through Live Scan in California may request fingerprint hard cards from the Board. To complete fingerprint hard cards, the applicant must have their fingerprints taken at a law enforcement agency in their state of residence. Applicants shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order or certified check), payable to the "Dental Board of California," to:

Dental Board of California
Attention: Licensing and Examination Unit
2005 Evergreen St., Suite 1550
Sacramento, CA 95815

IF SUBMITTING FINGERPRINT HARD CARDS FOR PROCESSING, A PAYMENT IN THE AMOUNT OF **\$49.00** MUST BE INCLUDED WITH THE CARDS. PLEASE NOTE, PROCESSING FOR FINGERPRINT HARD CARDS CAN TAKE UP TO 30 DAYS.

DENTIST LICENSE APPLICANT ONLY
CALIFORNIA DENTISTRY LAW AND ETHICS WRITTEN EXAMINATION

PRIOR TO ISSUANCE OF A TEMPORARY DENTIST LICENSE, AN APPLICANT SHALL SUCCESSFULLY TAKE AND PASS A WRITTEN EXAMINATION IN CALIFORNIA DENTISTRY LAW AND ETHICS.

AFTER RECEIPT OF A COMPLETED APPLICATION AND UPON THE BOARD'S DETERMINATION THAT THE APPLICANT HAS MET THE REQUIREMENTS OF BPC SECTION 115.6(c)(1) AND (2), THE BOARD SHALL MAIL A WRITTEN AND DATED NOTICE OF APPROVAL TO TEST TO THE APPLICANT AND TO THE EXAMINATION ADMINISTRATOR, PSI SERVICES LLC (PSI).

AN APPLICANT IS RESPONSIBLE FOR CONTACTING PSI TO SCHEDULE A TEST DATE AND PAYING PSI'S NON-REFUNDABLE FEES TO TAKE THE EXAMINATION.

15. HAVE YOU PREVIOUSLY TAKEN THE CALIFORNIA LAW AND ETHICS EXAMINATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. DO YOU HAVE A CERTIFIED DISABILITY OR CONDITION THAT REQUIRES SPECIAL ACCOMMODATIONS FOR TESTING? IF THE ANSWER IS YES, APPLICANTS MUST PROVIDE MEDICAL DOCUMENTATION WITH THE NAME, LICENSE NUMBER, TELEPHONE NUMBER, DATE, AND SIGNATURE OF A PHYSICIAN CONFIRMING THE EXISTENCE OF THE APPLICANT'S DISABILITY OR MEDICAL CONDITION AS DEFINED IN GOVERNMENT CODE SECTION 12926 AND CONFIRMING THE NEED FOR REASONABLE ACCOMMODATION.	YES <input type="checkbox"/> NO <input type="checkbox"/>

17. DECLARATION:

I AM THE APPLICANT FOR TEMPORARY LICENSURE REFERRED TO IN THIS APPLICATION. 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 AND OF AUTOMATIC FORFEITURE OF MY TEMPORARY CALIFORNIA DENTAL LICENSE, IF ONE IS ISSUED, THAT THE INFORMATION I PROVIDED TO THE BOARD IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

EXECUTED IN _____, ON THE _____ DAY OF _____, 20____.

SIGNATURE OF APPLICANT

DATE SIGNED

IMPORTANT INFORMATION: YOU MUST REPORT TO THE BOARD THE RESULTS OF ANY DISCIPLINARY ACTIONS WHICH HAVE BEEN FILED OR WERE PENDING AGAINST ANY DENTAL LICENSE YOU HOLD AT THE FILING OF THIS APPLICATION. FAILURE TO REPORT THIS INFORMATION MAY RESULT IN THE DENIAL OF YOUR APPLICATION OR SUBJECT YOUR LICENSE TO DISCIPLINE PURSUANT TO BPC SECTION 115.6(f)(1).

INFORMATION COLLECTION AND ACCESS: EXCEPT FOR THE EMAIL ADDRESS AND FAX NUMBER, THE INFORMATION REQUESTED HEREIN IS MANDATORY AND IS MAINTAINED BY THE DENTAL BOARD OF CALIFORNIA (BOARD), 2005 EVERGREEN STREET, SUITE 1550, SACRAMENTO, CA 95815, EXECUTIVE OFFICER, 916-263-2300, IN ACCORDANCE WITH BPC SECTIONS 1600 ET SEQ., THE BOARD COLLECTS THE PERSONAL INFORMATION REQUESTED ON THIS FORM AS AUTHORIZED BY BPC SECTIONS 27, 30, 31, 114.5, 115.4, 115.6, 480, AND 494.5. THE BOARD USES THIS INFORMATION TO IDENTIFY AND EVALUATE APPLICANTS FOR LICENSURE, ISSUE AND RENEW LICENSES, AND ENFORCE LICENSING STANDARDS SET BY LAW AND REGULATION.

FAILURE TO PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION WILL RESULT IN THE REJECTION OF THE APPLICATION AS INCOMPLETE. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) IS MANDATORY AND COLLECTION IS AUTHORIZED BY BPC SECTIONS 29.5, 30, 31, AND 494.5, AND BY PUBLIC LAW 94-455 (42 U.S.C.A. § 405(c)(2)(C)). YOUR SSN OR ITIN WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH FAMILY CODE SECTION 17520, FOR MEASUREMENT OF EMPLOYMENT OUTCOMES OF STUDENTS WHO PARTICIPATE IN CAREER TECHNICAL EDUCATION PROGRAMS OFFERED BY THE CALIFORNIA COMMUNITY COLLEGES AS REQUIRED BY BPC SECTION 30, OR FOR VERIFICATION OF LICENSURE OR EXAMINATION STATUS BY A LICENSING OR EXAMINATION BOARD, AND WHERE LICENSING IS RECIPROCAL WITH THE REQUESTING STATE. IF YOU FAIL TO DISCLOSE YOUR SSN OR ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD AND BE SUBJECT TO A PENALTY OF \$100.

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE PERSONAL INFORMATION MAINTAINED BY THE BOARD UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE BY THE INFORMATION PRACTICES ACT, INCLUDING CIVIL CODE SECTION 1798.40. THE BOARD MAKES EVERY EFFORT TO PROTECT THE PERSONAL INFORMATION YOU PROVIDE US; HOWEVER, IT MAY BE DISCLOSED IN RESPONSE TO A PUBLIC RECORDS ACT REQUEST AS ALLOWED BY THE INFORMATION PRACTICES ACT, TO ANOTHER GOVERNMENT AGENCY AS REQUIRED BY STATE OR FEDERAL LAW OR CIVIL CODE SECTION 1798.24; OR IN RESPONSE TO A COURT OR ADMINISTRATIVE ORDER, A SUBPOENA, OR A SEARCH WARRANT. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.