

**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1550, Sacramento CA 95815

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**APPLICATION FOR DENTAL REFERRAL SERVICES**

Business and Professions Code Sections 650, 650.2, 651, 1680

NO FEE

FOR OFFICE USE ONLY

RS**Issue Date**

Please type or print legibly

Name of Referral Service:		Phone No.	Email
Address of Referral Service: (Street)		(City)	(State) (Zip Code)
Referral Service is owned and operated by: <input type="checkbox"/> Individual dentist <input type="checkbox"/> Group of dentists <input type="checkbox"/> Dental Society Other (describe): _____ <input type="checkbox"/> Individual <input type="checkbox"/> Unlicensed partnership <input type="checkbox"/> General Corporation			
Is Referral Service a Knox-Keene Provider or Associated with a Knox-Keene Provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list Knox-Keene Provider _____			
Is Referral Service a Provider Organization (PPO)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Owner(s) of Referral Service: (a) (b) (List others on separate paper)		Licensed Dentist(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will more than one member-dentist participate in Referral Service?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will patient referrals result solely from patient-initiated responses to service advertising?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will Referral Service advertise in compliance with Sections 650, 650.2, and 651 of the Business and Professions Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the Referral Service employ a solicitor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will participating dentists charge more than their usual and customary fees to any patient referred?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will all advertisements contain the clause, "Paid for by Participating Dentists"?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

FEES

Describe fee argument between member dentists and referral service:
(i.e. Initial enrollment fees, monthly fees, annual fees, etc.)

CONTRACT

Section 650.2 of the Business and Professions Code requires that the referral service file with this application a copy of the standard form contract that regulates its relationship with member dentists.

Have you attached a copy of the contract to this application? ☐ Yes ☐ No

CERTIFICATION

I certify under the penalty of perjury under the laws of the State of California that the statements made in this application are correct, that the referral service will comply with Sections 650.2, 651, and 1680 of the Business and Professions Code and any applicable advertising laws, rules and regulations, and that this certification was executed at:

(City, State) On _____
(Date)

(Signature of Owner)

(Print or Type Name of Owner)

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for licensure per sections 1628, 1628.5, 1629 and 1632 of the California Business and Professions Code (BPC) and Title 16, California Code of Regulations section 1028, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 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 Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by Civil Code section 1798.40 of the California Information Practices Act (Civ. Code, §§ 1798 and following).

Information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed. Individuals using a P.O. Box as their address of record are required to provide a physical (street) address to the Board that will not be disclosed to the public pursuant to a public records request or posted on the Board's website.

The Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

The Board is required to notify you that under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with this Board. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.