

## **DENTAL BOARD OF CALIFORNIA**



2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

## APPLICATION TO ACTIVATE/INACTIVATE LICENSE

Please type or print legibly	For Office Use Only: Approved Date	
,, , , , ,	Dis	approved Date
Full Legal Name of Licensee: Last First	Middle Suffix (if any)	License Type and Number:
Email Address (if any):		Date of Birth:
Mailing Address:		
following applicable minimum continuous application:  For dentists: a minimum of 50 total the requirements of 16 CCR section  a course in Infection Control (2)  a course in the California Dental completion of certification in Ba	inuing education (CE) un Il CE units including the forms 1016, 1017, or 1066: units), al Practice Act (2 units), asic Life Support (maximu	
<ul> <li>for dentists prescribing and adr</li> <li>for dentists with a general anest deep sedation or general anest</li> <li>for dentists with a moderate semedical emergencies, and,</li> </ul>	ministering vaccine, at least 24 thesia permit, at least 24 thesia and an advanced of dation permit, at least 15	hours related to moderate sedation and
sedation of adult patients.  For Registered Dental Assistants (	RDA), Registered Dental	
		tic Assistants (OA): a minimum of <b>25</b> CE the requirements of 16 CCR sections
<ul> <li>a course in Infection Control (2</li> <li>a course in the California Denta</li> <li>completion of certification in Ba</li> </ul>	al Practice Act (2 units), a	

Signature Date		
I certify under penalty of the laws of the State of California that all information provided on this form is true and correct and that I am the personnamed above on this form.		
(4) Per Business and Professions Code section 1718.3, a license not renewed for five years from the license expiration date cannot be renewed, restored, reinstated, or reissued.		
(3) Prior to reactivating your license, you will be required to complete continuing education equivalent to that required for a single license renewal period (see specific items noted above for activating a license).		
(2) Pursuant to Business and Professions Code section 703, a holder of an inactive license must still renew their license and pay the biennial renewal fee (as set forth in Title 16, California Code of Regulations section 1021) but need not comply with any continuing education requirements.		
(b) Represent that they have an active license.		
(a) Engage in any activity for which an active license is required.		
(1) Pursuant to Business and Professions Code section 702, a holder of an inactive license shall not do any of the following:		
Check this box indicating that you have read the following notice:		
I wish to <b>INACTIVATE</b> my license. I am not currently engaged in any activity for which an active license is required from the Dental Board of California under the provisions of the Dental Practice Act.		

## INFORMATION COLLECTION AND ACCESS

This completed form must be submitted to the Dental Board of California (Board) as required by Business and Professions Code sections 700-704, and Title 16, California Code of Regulations (16 CCR) section 1017.2 or your application will not be processed (16 CCR section 1004). The information requested on this form is mandatory and will be used to determine eligibility for activation or reactivation (restoration) of a license. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure pursuant to Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.