



**APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (WREB)**

**FEES**

Application Fee: \$100.00  
 Fingerprint Fee: \$51.00  
 (Livescan applicants pay fee at time of service)

**ALL FEES ARE NON-REFUNDABLE**

**For Office Use Only**

ATS# \_\_\_\_\_  
 REC# \_\_\_\_\_  
 Fee Pd \_\_\_\_\_  
 Date Cashiered \_\_\_\_\_

**For Office Use Only**

**Received**

|                 |                    |            |                        |
|-----------------|--------------------|------------|------------------------|
| QM _____        | Reviewed By: _____ | FP _____   | DC _____               |
| Conf Sent _____ | WREB score _____   | NB _____   | LC _____               |
| Def Sent _____  | CBT _____          | SCH _____  | Law _____ P/F _____    |
| DOJ _____       | FBI _____          | CODE _____ | Ethics _____ P/F _____ |
| ATI _____       | ENF _____          | YG _____   |                        |

**For Office Use Only**

(Please type or print neatly)

1. LEGAL NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ U.S. Social Security Number \_\_\_\_\_

2. List other names you have used: \_\_\_\_\_

3. Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Birthdate MM/DD/YR \_\_\_\_\_ Sex Male  Female  TELEPHONE NUMBER Day \_\_\_\_\_ Evening \_\_\_\_\_

6. Do you have a certified disability or condition that requires special accommodations for testing? YES  NO   
 If yes, fax the Board for a "REQUEST FOR ACCOMODATION" packet.

7. Have you previously taken the California Law and Ethics Examination? YES  NO

8. Have you ever been issued a dental license in any State or Country? YES  NO   
 If yes, a Certification of License must be submitted for each State/country

| STATE OR COUNTRY | LICENSE NUMBER | ISSUE DATE |
|------------------|----------------|------------|
| _____            | _____          | _____      |
| _____            | _____          | _____      |

Passport style Photograph

TAPE PHOTO  
HERE

**9. DENTAL EDUCATION:**

\_\_\_\_\_  
Name and Location of institution(s) attended

\_\_\_\_\_  
Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted

DATE GRANTED \_\_\_\_\_

D.D.Sc.

D.D.S.

D.M.D.

Other (please specify) \_\_\_\_\_

**10. POSTGRADUATE STUDY:**

\_\_\_\_\_  
Name and Location of Institution(s) attended

\_\_\_\_\_  
Period(s) of attendance (show dates MM/YYYY)

Are you a Diplomate? YES  NO

\_\_\_\_\_  
Name of Specialty Board

**11. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:**

**I HERE BY CERTIFY THAT** \_\_\_\_\_

Full Name of Student

matriculated in the \_\_\_\_\_

Name of University

Dental College the \_\_\_\_\_ day of \_\_\_\_\_ and attended \_\_\_\_\_ years,

Has completed the clinic and didactic requirements and

HAS GRADUATED, OR  WILL GRADUATE OR  IS EXPECTED TO GRADUATE\* with the

Degree of  D.D.Sc.,  D.D.S.,  D.M.D. on the \_\_\_\_\_ day of \_\_\_\_\_

(SEAL OF  
COLLEGE OR  
UNIVERSITY)

\_\_\_\_\_  
SIGNATURE OF DEAN

**\*The Dean must certify actual graduation, if certification is signed that applicant will graduate or is expected to graduate. Certification must be completed on official school letterhead including the Dean's signature and seal of the Dental School.**

12. Do you have any pending or have you ever had any disciplinary action taken or changes filed against a dental license or other healing arts license? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal government entity Yes

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action. No

13. Are there any pending investigations by any State or Federal agencies against you? Yes

If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s). No

14. Have you ever been denied a dental license or permission to take a dental examination? Yes

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s). No

15. Have you ever surrendered a license, either voluntarily or otherwise? Yes

If yes, provide a detailed explanation and a copy of all documents relating to the surrender. No

16. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the Code? Yes

If yes, provide a detailed explanation. No

17. With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? Yes

“Conviction” includes a plea of no contest and any conviction that been set aside pursuant to Section 1203.4 of the Penal code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code. No

If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).

19. Executed in \_\_\_\_\_, on the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_  
City

I am the applicant for 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 that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Date Signature of Applicant

**Important Information: You must report to the Board the results of any 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 Section 480 (c) of the Business & Professions Code.**

### **INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. 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 is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number 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. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.