

# NON SUBSTANTIVE

## STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW NOTICE PUBLICATION/REGULATIONS SUBMISSION

See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

<b>OAL FILE NUMBERS</b>	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER <b>2014-0408-01N</b>	EMERGENCY NUMBER
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ENDORSED FILED  
IN THE OFFICE OF  
2014 MAY 19 PM 3:14

For use by Office of Administrative Law (OAL) only

2014 APR -8 PM 3:29  
OFFICE OF ADMINISTRATIVE LAW

NOTICE	REGULATIONS
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*Jenna Bowen*  
JENNA BOWEN  
SECRETARY OF STATE

AGENCY WITH RULEMAKING AUTHORITY Dental Board of California	AGENCY FILE NUMBER (if any)
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### A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

### B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Sponsored Free Health Care Events	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) OAL File No. 2012-0927-01S
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SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 1023.16, 1023.17
	REPEAL
TITLE(S) 16	

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
N/A.

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Sarah Wallace	TELEPHONE NUMBER (916) 263-2187	FAX NUMBER (Optional) (916) 263-2140	E-MAIL ADDRESS (Optional) sarah.wallace@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Karen M. Fischer</i>	DATE March 26, 2014
TYPED NAME AND TITLE OF SIGNATORY Karen M. Fischer, MPA, Executive Office	

For use by Office of Administrative Law (OAL) only  
ENDORSED APPROVED  
MAY 19 2014  
Office of Administrative Law

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**ORDER OF ADOPTION**

**SECTION 100. CHANGE WITHOUT REGULATORY EFFECT**

Amend Sections 1023.16 and 1023.17 of Title 16 of the California Code of Regulations as follows:

**§ 1023.16. Sponsoring Entity Registration and Recordkeeping Requirements.**

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the Code shall register with the board not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board, or its delegatee, by submitting to the board a completed "Registration of Sponsoring Entity Under Business & Professions Code Section 901," Form 901-A (DCA/20142014 - revised), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process "Registration of Sponsoring Entity Under Business & Professions Code Section 901," Form 901-A (DCA/20142014 - revised) on behalf of the board. The board, or its delegatee, shall inform the sponsoring entity within 15 calendar days of receipt of Form 901-A (DCA/20142014 - revised) in writing that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board, or its delegatee, shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the Code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board. In addition, the sponsoring entity shall provide copies of any record required to be maintained by section 901 of the Code to any representative of the board within fifteen (15) calendar days of the request.

(d) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event

unless and until the sponsoring entity has received written approval of such practitioner from the board.

(e) Report. Within fifteen (15) calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

- (1) The date(s) of the sponsored event;
- (2) The location(s) of the sponsored event;
- (3) The type(s) and general description of all health care services provided at the sponsored event; and
- (4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

Note: Authority cited: Sections 901 and 1614, Business and Professions Code.  
Reference: Section 901, Business and Professions Code.

**§ 1023.17. Out-of-State Practitioner Authorization to Participate in Sponsored Event.**

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. Authorization shall be obtained for each sponsored event in which the applicant seeks to participate:

- (1) An applicant shall request authorization by submitting to the board a completed "Request for Authorization to Practice Without a License at a Registered Free Health Care Event," Form DBC-901-B (~~New 02/2012~~Revised 03/2014), which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$30.
- (2) The applicant shall also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. This requirement shall apply only to the first application for authorization that is submitted to the board by the applicant.

(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity and the applicant whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The board shall deny a request for authorization to participate if:

(A) The submitted Form DBC-901-B (~~New 02/2012~~ Revised 03/2014) is incomplete and the applicant has not responded within 7 calendar days to the board's request for additional information;

(B) The applicant does not possess a current, active and valid license in good standing;

(C) The applicant has had his or her permission from the federal Drug Enforcement Administration (DEA) to prescribe controlled substances suspended, revoked or denied;

(D) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial under Section 480 of the Code of an application for licensure by the board;

(E) The applicant has a current physical or mental impairment related to drugs or alcohol;

(F) The applicant has been adjudicated by a court to be mentally incompetent or is under a conservatorship, so that the person is unable to undertake the practice of dentistry in a manner consistent with the safety of a patient or the public; or,

(G) The board has been unable to obtain a timely report of the results of the criminal history check.

(2) The board may deny a request for authorization to participate if:

(A) The request is received less than 20 calendar days before the date on which the sponsored event will begin;

(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event;

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the board; or,

(D) The applicant has participated in three (3) sponsored events during the 12 month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in Section 1023.18(d)-(e).

Note: Authority cited: Sections 901 and 1614, Business and Professions Code.  
Reference: Sections 480, 901, 1601.2 and 1629, Business and Professions Code.



~~State and Consumer Services Agency~~  
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWDER JR.

K.W.  
per agency request



# SPONSORED FREE HEALTH CARE EVENTS

## REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code section 901(d), a non-government organization administering an event to provide health-care services to uninsured and underinsured individuals at no cost, may include participation by certain health-care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event**. *Note that the information required by Business and Professions Code section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

### PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: \_\_\_\_\_

2. Organization Contact Information (use principal office address):

\_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
County

\_\_\_\_\_  
Phone Number of Principal Office  
\_\_\_\_\_  
Alternate Phone  
\_\_\_\_\_  
Website

Organization Contact Information in California (if different):

\_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
County

\_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Alternate Phone

3. Type of Organization:

Is the organization operating pursuant to section 501(c)(3) of the Internal Revenue Code?     Yes     No

If not, is the organization a community-based organization\*?

\_\_\_ Yes \_\_\_ No

Organization's Tax Identification Number \_\_\_\_\_

If a community-based organization, please describe the mission, goals, and activities of the organization (*attach separate sheet(s) if necessary*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* A "community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

**PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS**

Please list the following information for each of the principal individual(s) who is the officer(s) or official(s) of the organization responsible for operation of the sponsoring entity.

**Individual 1:**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
County

\_\_\_\_\_  
Title  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Alternate Phone  
\_\_\_\_\_  
E-mail address

**Individual 2:**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
County

\_\_\_\_\_  
Title  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Alternate Phone  
\_\_\_\_\_  
E-mail address

Individual 3:

Name  
Address Line 1  
Address Line 2  
City, State, Zip  
County

Title  
Phone  
Alternate Phone  
E-mail address

(Attach additional sheet(s) if needed to list additional principal organizational individuals)

**PART 3 – EVENT DETAILS**

1. Name of event, if any: \_\_\_\_\_

2. Date(s) of event (not to exceed ten calendar days): \_\_\_\_\_

3. Location(s) of the event (be as specific as possible, including address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the intended event, including a list of all types of healthcare services intended to be provided (attach additional sheet(s) if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Attach a list of all out-of-state health-care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

\_\_\_ Check here to indicate that list is attached.

**Note:**

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application to the applicable licensing Board or Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.



This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs  
Attn: Sponsored Free Health-Care Events  
~~Legislative and Policy Review Division~~ Complaint Resolution Program  
1625 North Market Blvd., Ste. S-204202  
Sacramento, CA 95834

Tel: (916) 574-78007950  
Fax: (916) 574-86558676  
E-mail: ~~lprdivision@dca.ca.gov~~ CRP2@dca.ca.gov

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code section 901 and the applicable sections of Title 16, California Code of Regulations, for the regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners
- I understand that our organization must file a report with each applicable Board or Committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the organization:

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the ~~Deputy Director of the Legislative and Policy Review Division~~ Complaint Resolution Program at the address and telephone number listed above.



DENTAL BOARD OF CALIFORNIA  
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815  
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



## REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A LICENSE AT A REGISTERED FREE HEALTH CARE EVENT

In accordance with California Business and Professions Code Section 901 any dentist licensed and in good standing in another state, district, or territory in the United States may request authorization from the Dental Board of California (Board) to participate in a free health care event offered by a sponsoring entity, registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days. The Board may deny requests for authorization received less than twenty (20) calendar days before the date on which the sponsored event will begin.

Note: If you are submitting fingerprint cards to the Board ("Ink on Cards") along with your application, the Board recommends that you submit your completed application package to the Board at least 60 days prior to the scheduled event to assist in the timely processing of your fingerprint submissions through the California Department of Justice and Federal Bureau of Investigation.

### PART 1 - APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$30, made payable to the Dental Board of California. If submitting fingerprint cards instead of using Live Scan, please submit an additional \$49 fee, payable to the Dental Board of California, to process your fingerprint cards for a total fee of **\$79**. See additional details below.
- A copy of each current, active and valid license authorizing the applicant to engage in the practice of dentistry issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license to practice.
- Any documents or statements requested on this application.
- Fingerprints. Fingerprints can be done with electronic Live Scan or ink on cards.

**Live Scan** is available only in California, for either residents or visitors, and is far speedier. The California Department of Justice (DOJ) has the form you need to complete and take to the Live Scan service location in California, and a list of the locations where it is obtainable (see [ag.ca.gov/fingerprints](http://ag.ca.gov/fingerprints)). The procedure is that you take the completed form to the service location, pay a fee and your fingerprints are taken on a glass without ink. The fingerprints are then transmitted electronically to the DOJ, and the DOJ sends the report to the Dental Board. Usually the report is received within two days. There is a low rate of rejections with this method.

**Ink on Cards.** If you are not able to come to California, you may contact the Board to obtain a copy of California "Ink on Cards" to have fingerprints made – 2 cards. Other States' resident

Ink Cards will not be accepted. **Be sure to type or print legibly in black ink all the areas on both cards asking for personal information, that the cards are dated and signed by the official taking the fingerprints, and have your signature on them.** Include the 2 cards in your application with a \$49 non-refundable processing fee. Reports on some cards are received within a month after submission. Others may take months because the prints are unreadable and must be redone, or due to other factors beyond the control of the Dental Board.

The Board will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the Board, and any additional information requested by the Board has been provided by the applicant and reviewed by the Board, and a determination has been made to grant authorization.

The Board shall process this request and notify the sponsoring entity listed in this form if the request is approved or denied within 20 calendar days of receipt. If the Board requires additional or clarifying information, the board will contact you directly. Written approval or denial of requests will be provided directly to the sponsoring entity and to the applicant.

**PART 2 – NAME AND CONTACT INFORMATION**

1. Applicant Name: \_\_\_\_\_  

First
Middle
Last

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Applicant’s Contact Information\*:

_____	_____
Address Line 1	Phone
_____	_____
Address Line 2	Alternate Phone
_____	_____
City, State, Zip	E-mail address

(\*If an authorization is issued, this address information will be considered your “address of record” with the Board and will be made available to the public upon request.)

4. Applicant’s Employer: \_\_\_\_\_

Employer’s Contact Information:

_____	_____
Address Line 1	Phone
_____	_____
Address Line 2	Facsimile
_____	_____
City, State, Zip	E-mail address (if available)

**PART 3 – LICENSURE INFORMATION**

1. Do you hold a current, active, and valid license issued by a state, district, or territory of the United States authorizing the unrestricted practice of dentistry in your jurisdiction(s)?

No  If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes  If yes, list every license authorizing you to engage in the practice of dentistry in the following table. If there are not enough boxes to include all the relevant information please attach an addendum to this form. Please also attach a copy of each of your current licenses.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date

2. Are you currently the subject of any investigation by any governmental entity? Yes   
No

If yes, provide a detailed explanation of the circumstances surrounding the investigation.

3. Have you ever had charges filed against a dental license that you currently hold or held in the past, including charges that are still pending? Yes  No

If yes, provide a detailed explanation and a copy of the documents relating to the filing of charges.

4. Have you ever had any disciplinary action taken against a dental license or other healing arts license? Yes  No

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

5. Have you ever surrendered a dental license, either voluntary or otherwise? Yes  No   
If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

6. Have you ever been the subject of a malpractice settlement or judgment? Yes  No

If yes, provide a detailed explanation of the circumstances and outcome relating to the malpractice settlement or judgment. You may be required to provide additional information after review of your explanation.

**IMPORTANT REQUIREMENT:** If a disciplinary action is filed against any license you currently hold pending the Board's decision on this application for authorization, you must notify the Board in writing within 48 hours.

7. With the exception of conviction of an infraction resulting in a fine of less than \$1,000, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? Yes  No

"Conviction" includes a plea of no contest and any conviction that has 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.

8. Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)? If Yes, enter DEA number: \_\_\_\_\_ Yes  No

9. Has permission from the DEA to prescribe controlled substances ever been suspended, revoked or denied? Yes  No

If yes, provide a detailed explanation of the circumstances and a copy of the document(s).

10. Do you have a current physical or mental impairment related to drugs or alcohol? Yes  No

11. Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship? Yes  No

If yes, provide a detailed explanation of the circumstances, date and time of the court order or the duration of the conservatorship.

#### **PART 4 – SPONSORED EVENT**

1. Name of non-profit or community-based organization hosting the free healthcare event (the "sponsoring entity"): \_\_\_\_\_

2. Name of event: \_\_\_\_\_

3. Date(s) & location(s) of the event: \_\_\_\_\_

4. Date(s) & location(s) applicant will be performing healthcare services (if different):

\_\_\_\_\_

5. Please specify the healthcare services you intend to provide: \_\_\_\_\_

\_\_\_\_\_

6. Name and phone number of contact person with sponsoring entity: \_\_\_\_\_

**PART 5 – ACKNOWLEDGMENT/CERTIFICATION**

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I will comply with all applicable practice requirements required of licensed dentists and all regulations of the Board.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and within the scope of practice for California-licensed dentists.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I will provide a written notice to each patient or prospective patient prior to performing any services pursuant to Cal, Code of Regs., Title 16, Section 1023.19
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- The Board may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- I have read the questions in the foregoing application and that all information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

**My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any and all information required by the Dental Board of California.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name Printed: \_\_\_\_\_

**NOTE:** Authorization will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation.

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Section 1023.17 and Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete or denied. The information provided will be used to determine compliance with Article 8 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1023.15). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.