



Application for Registered Dental Assistant in Extended Functions (RDAEF) Examination and Licensure

Application Fee: \$120.00 Examination Fee: \$500.00 Total Fee: \$620.00
APPLICATION FEES ARE NON-REFUNDABLE
Written examination fees will be paid directly to PSI at a later date.

<i>For Office Use Only</i>
Rec # _____
Fee Pd _____
Date Cashiered: _____
Entity # _____
File # _____

<i>For Office Use Only</i>
Date Received

(Please Print Clearly or Type)

1. SSN/FEIN/ITIN #:		2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST	FIRST	MIDDLE	
4. LIST ANY OTHER NAMES USED:			
5. MAILING ADDRESS (The address you enter is public information and will be placed on the internet pursuant to B&P Code section 27):			
6. EMAIL ADDRESS:			
7. TELEPHONE (INCLUDING AREA CODE):			
WORK:		HOME:	
8. PREFERRED EXAMINATION LOCATION:			
SOUTHERN CALIFORNIA		NORTHERN CALIFORNIA	MONTH OF EXAM _____
9. ALL APPLICANTS ARE REQUIRED TO INCLUDE A COLOR PASSPORT PHOTO, TO BE USED FOR THEIR EXAMINATION BADGE. PLEASE ATTACH PHOTO TO THE APPLICATION, IN THE SPACE PROVIDED BELOW.			
<div style="border: 1px solid black; width: 200px; height: 150px; margin: auto;"></div>			

10. HAVE YOU BEEN LICENSED TO PRACTICE DENTAL ASSISTING, DENTAL HYGIENE, DENTISTRY OR ANY OTHER HEALTH PROFESSION IN ANY STATE OR FOREIGN COUNTRY?

NO **YES** (If yes, please fill out the information below)

TYPE OF PRACTICE: _____

LICENSE NUMBER: _____

STATE/COUNTRY: _____

11. THE FOLLOWING MUST BE COMPLETED BY THE PROGRAM DIRECTOR OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS COURSE:

I hereby declare under penalty of perjury under the laws of the state of California that

_____ began this program on _____ and graduated the
NAME OF APPLICANT MM/DD/YYYY

Registered Dental Assistant in Extended Functions course named below on _____.
MM/DD/YYYY

SIGNATURE OF DIRECTOR DATE SIGNED

PROGRAM NAME

PROGRAM ADDRESS

AFFIX SEAL

12. Do you have any pending or have you ever had any disciplinary action taken or charges filed against your dental license or other health related license? **YES**
NO

Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.

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 license.

13. Are there any pending investigations by any State or Federal agency against you? **YES**
If yes, provide a detailed explanation of circumstances surrounding the investigation. **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 dental license, either voluntarily or otherwise? **YES**
If yes, provide a detailed explanation and a copy of all documents relating to the surrender. **NO**

16. Have you ever had any license disciplined by a government agency or have you been convicted or plead guilty to any crime.

YES
NO

“Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies.

“Discipline” includes, but is not limited to, suspension, revocation, voluntary surrender, probation and any other restriction.

You do not need to report a conviction or an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. “License” includes permits, registrations, and certificates.

If the answer is “Yes, provide the section of law violated, the nature of the violation, the location and date of the violation, and the penalty or disposition on a separate sheet and include with this application.

17. EXECUTION OF APPLICATION

I am the applicant for examination for licensure referred to above. I have 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 foregoing is true and correct.

SIGNATURE OF APPLICANT

Signed in _____ on _____
CITY AND STATE MM/DD/YYYY

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, 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. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. To comply 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.