



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

Application Fee: \$120.00 Examination Fee: \$500.00 <b>Total Fee: \$620.00</b>
<b>APPLICATION FEES ARE          NON-REFUNDABLE</b>
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/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:		
<input type="checkbox"/> SOUTHERN CALIFORNIA	<input type="checkbox"/> NORTHERN CALIFORNIA	MONTH OF EXAM _____
9. ALL APPLICANTS ARE REQUIRED TO INCLUDE A COLOR PASSPORT PHOTO, TO BE USED FOR THEIR EXAMINATION BADGE. <b>PLEASE ATTACH PHOTO TO THE APPLICATION, IN THE SPACE PROVIDED BELOW.</b>		
<div style="border: 1px solid black; width: 200px; height: 150px; margin: 0 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. INITIAL APPLICATION ASYLUM QUESTION:

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

Yes

No

If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

ACCEPTABLE DOCUMENTATION

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the of "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

12. INITIAL APPLICATION MILITARY QUESTIONS:

Yes

1. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

No

2. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?

Yes

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

No

Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the attachments page of this application (you may be asked to submit original documentation):

- Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(Continued on next page)

- Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

**MILITARY HONORABLE DISCHARGE REQUIREMENTS**

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application:

- DD214 or other supporting documentation.

13. 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

**AFFIX  
SEAL**

\_\_\_\_\_  
PROGRAM NAME

\_\_\_\_\_  
PROGRAM ADDRESS

14. 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

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

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 license.

15. 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

16. 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

17. 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

**18. 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.