

## CERTIFICATION OF FULL-TIME FACULTY EMPLOYMENT AND CLINICAL PRACTICE OF DENTISTRY

(Licensure by Credential; Cal. Bus. & Prof. Code, § 1635.5, subd. (a)(3))

This form is intended for use to document the full-time faculty employment at an accredited dental education program and active clinical practice of dentistry of an applicant seeking issuance of a dentist license by the Dental Board of California (Board). This form shall be completed by an individual, other than the license applicant, who is authorized by the accredited dental education program to certify faculty employment and active clinical practice of dentistry.

I certify that the license applicant, \_\_\_\_\_, has been  
(Print full name of applicant)  
employed as a full-time faculty member and in active clinical practice in the  
State/District/Territory of \_\_\_\_\_ during the dates and at the  
location(s) set forth below:

<b>Name and address of accredited dental education program, during the period indicated above (include city/state/zip)</b>
<b>Start and end dates (Month/Day/Year) of Full-Time Faculty Employment:</b>
<b>Practice address: if different from the education program address:</b>
<b>Start and end dates of the license applicant's clinical practice at or through the education program (include only the license applicant's clinical practice within the past five years)</b>
<b>Total clinical practice hours performed by the license applicant within the past five years:</b>

I certify under penalty of perjury that I am authorized to certify the employment and practice hours on behalf of the accredited dental education program named above, and that the above statements are true and correct.

\_\_\_\_\_  
Name of Person Certifying

\_\_\_\_\_  
Signature of Person Certifying

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

## **INFORMATION COLLECTION AND ACCESS**

All items in this application are mandatory.

Failure to provide any of the requested information will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for licensure per sections 1628, 1628.5, 1629 and 1632 of the California Business and Professions Code (BPC) and Title 16, California Code of Regulations section 1028, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. § 405(c)(2)(C).

Your SSN or ITIN 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.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by Civil Code section 1798.40 of the California Information Practices Act (Civ. Code, §§ 1798 and following).

Information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed. Individuals using a P.O. Box as their address of record are required to provide a physical (street) address to the Board that will not be disclosed to the public pursuant to a public records request or posted on the Board's website.

The Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

The Board is required to notify you that under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with this Board. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.