



**APPLICATION FOR ADULT ORAL CONSCIOUS SEDATION CERTIFICATE**

**FEES**

Application Fee: \$368.00  
 (Must be enclosed with application)

**APPLICATION FEES  
 ARE NON-REFUNDABLE**

*For Office Use Only*

Rec # \_\_\_\_\_

Fee Pd \_\_\_\_\_

Date  
 Cashiered \_\_\_\_\_

Entity # \_\_\_\_\_

File # \_\_\_\_\_

*For Office Use Only*

Date Received

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. MAILING ADDRESS:		
5. EMAIL ADDRESS:		
6. TELEPHONE NUMBER:		
7. FAX NUMBER:		
8. DENTAL LICENSE:		
<p><b>9. QUALIFICATION</b> – INDICATE UNDER WHICH METHOD LISTED BELOW YOU QUALIFY FOR AN ORAL CONSCIOUS SEDATION CERTIFICATE FOR ADULTS AND ATTACH APPROPRIATE DOCUMENTATION.</p> <p>SUCCESSFUL COMPLETION OF A POSTGRADUATE PROGRAM IN ORAL AND MAXILLOFACIAL SURGERY APPROVED BY THE COMMISSION ON DENTAL ACCREDITATION OR A COMPARABLE ORGANIZATION APPROVED BY THE BOARD. APPLICANT MUST PROVIDE A COPY OF HIS OR HER DIPLOMA.</p> <p>SUCCESSFUL COMPLETION OF A PERIODONTICS OR GENERAL PRACTICE RESIDENCY OR ADVANCED EDUCATION IN A GENERAL DENTISTRY POST-DOCTORAL PROGRAM ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION THAT MEETS THE DIDACTIC AND CLINICAL REQUIREMENTS OF SECTION 1044.3 OF THE BUSINESS AND PROFESSIONS CODE. APPLICANT MUST PROVIDE A COPY OF HIS OR HER DIPLOMA.</p> <p>SUCCESSFUL COMPLETION OF A BOARD-APPROVED EDUCATIONAL PROGRAM ON ORAL MEDICATIONS AND SEDATION. APPLICANT MUST PROVIDE COMPLETED FORM OCS-2 TO DOCUMENT COMPLETION.</p>		

10. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:

YES

- 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 OF 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 THE 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 IRAQUI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT.

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 "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.

11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES?

YES

NO

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

NOTE: IF YOU MEET 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.
- VERIFICATION OF CURRENT LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES IN THE PROFESSION OF VOCATION FOR WHICH YOU ARE SEEKING LICENSURE.

12. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?

YES

NO

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. PURSUANT TO BUSINESS AND PROFESSIONS CODE 1647.22(B), A DENTIST WHO ADMINISTERS, OR WHO ORDERS THE ADMINISTRATION OF ORAL CONSCIOUS SEDATION FOR AN ADULT PATIENT SHALL BE PHYSICALLY PRESENT IN THE TREATMENT FACILITY WHILE THE PATIENT IS SEDATED AND SHALL BE PRESENT UNTIL DISCHARGE OF THE PATIENT FROM THE FACILITY.

PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ORDER OR ADMINISTER ORAL CONSCIOUS SEDATION TO ADULT PATIENTS.

14. **CERTIFICATION** - I CERTIFY UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT AND I HEREBY REQUEST A CERTIFICATE TO ADMINISTER OR ORDER THE ADMINISTRATION OF ADULT ORAL CONSCIOUS SEDATION IN MY OFFICE SETTING(S) AS SPECIFIED BY THE DENTAL PRACTICE ACT. I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT IS GROUNDS FOR DENYING MY APPLICATION FOR A CERTIFICATE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

### **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.