



APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (PORTFOLIO)

FEES ARE NON-REFUNDABLE	FOR OFFICE USE ONLY	DATE RECEIVED
Application Fee: \$400.00 Fingerprinting: All applicants are required to submit via Live Scan. Applicants will pay a fee of \$49.00 plus any additional costs for the rolling of fingerprints by the Live Scan agency.	File Number _____ Receipt Number _____ Fee Paid _____ Date Cashiered _____	

(Please print 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 27):			
6. Email Address:			
7. Home/Cellular Telephone (Include area code):		8. Gender:	
		Male	Female
9. Have you previously taken the California Dentistry Law and Ethics Examination?			Yes
			No
10. Do you have a certified disability or condition that requires special accommodations for testing? If yes, fax the Board for a "REQUEST FOR ACCOMMODATION" packet.			Yes
			No
11. Have you been issued a dental license in any State or Country? If yes, a Certification of License must be submitted for each State/Country.			Yes
			No
State/Country:	License Number:	Issue Date:	

Passport Style Photograph



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12. DENTAL EDUCATION:

Name and Location of Institution(s) attended

Date Graduated _____
Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted: D.D.Sc. D.D.S. D.M.D. Other (please specify) _____

13. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HEREBY CERTIFY THAT _____
FULL NAME OF STUDENT

matriculated in the _____
NAME OF UNIVERSITY

Dental College the _____ day of _____ and attended _____ years. Has

completed the clinic and didactic requirements and is in good academic standings with no pending ethical

issues and HAS GRADUATED, WILL GRADUATE* OR IS EXPECTED TO GRADUATE* with

degree of D.D.Sc., D.D.S., D.M.D. on the _____ day of _____, 20____.

SEAL
OF
COLLEGE
OR
UNIVERSITY

SIGNATURE OF DEAN

*The Dean must certify actual graduation, if certification is signed that the student will graduate or is expected to graduate. Certification must be completed on official school letterhead including certification by the Dean that there are no pending ethical issues, the Dean's signature and seal of the Dental School.

14. Do you have any pending or have you ever had any disciplinary action taken or charges filed against a dental license or other healing arts license? Include any disciplinary action taken by the U.S. Military, U.S. Public Health Service or other U.S. federal government 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 dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.	Yes No
15. Are there any pending investigations by any State or Federal agencies against you? If yes, provide a detailed explanation of the circumstances surrounding the investigation and a copy of the document(s).	Yes No
16. Have you ever been denied a dental license or permission to take a dental examination? If yes, provide a detailed explanation of the circumstances surrounding the denial and a copy of the document(s).	Yes No
17. Have you ever surrendered a license, either voluntarily or otherwise? If yes, provide a detailed explanation and a copy of all documents relating to the surrender.	Yes No
18. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the code? If yes, provide an explanation.	Yes No
19. Have you ever been convicted of any crime including infractions, misdemeanors and felonies, with the exception of an infraction with a fine of less than \$1,000 that did not involve alcohol or drugs? "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 conviction in which you entered a plea of no contest and any conviction that was subsequently set aside pursuant to Section 1203.4 of the Penal Code. If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).	Yes No

20. Executed in _____, on the _____ day of _____, 20_____

City

I am the applicant for licensure referred to in this application. I have carefully 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 information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

Important Information: You must report to the Board the results of any actions which have been filed or were pending against any dental license you hold at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480(c) of the Business & Professions Code.

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, 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.