



Application for Registered Dental Assistant (RDA) Examination and Licensure

Non-Refundable Fees	<i>For Office Use Only</i>		<i>For Office Use Only</i>
Application: \$120 A written examination fee will be required to be paid directly to PSI at a later date.	Rec # _____	Date Received	
	Fee Paid: _____		
	Date		
	Cashiered: _____		
	Entity # _____		
	File # _____		

(Please Print 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. E-Mail Address:		
7. Home Telephone (<i>Include Area Code</i>):	8. Work Telephone (<i>Include Area Code</i>):	
9. Have you been licensed to practice dental assisting, orthodontic assisting, dental sedation assisting, dental hygiene, dentistry or any other health care profession in California, any other state, or foreign country? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please fill out the information below) Type of Practice: _____ License Number: _____ State/Country: _____		

10. 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.

11. Initial Application Military Questions:

1. 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

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

Yes
 No

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

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.
- 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.

12. Have you ever had any disciplinary action taken or charges filed against your dental license or other health related license by a government agency? Yes

“License” includes permits, registrations, and certificates. Include any disciplinary actions taken by this agency, any other state agency, any U.S. territory, 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 dental or health-related license that was issued to you. No

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.

13. Have you ever had a dental or other health-related license denied in this state or any other state? Yes

If “yes”, provide a detailed explanation of circumstances surrounding the denial, including the date of the denial, type of application, and the basis for the denial. Include a copy of any document(s) you received from the agency denying your application(s). No

14. Have you ever surrendered a dental license, either voluntarily or otherwise? Yes

If yes, provide a detailed explanation of the circumstances, including the date of surrender, the reason for surrender and a copy of all documents relating to the surrender. No

15. Evidence of Completion of Required Certifications:

Candidates for the RDA examination must submit evidence of having completed the following Board-approved courses (check all requirements completed; evidence of completion shall be attached to the application):

<i>Radiation Safety (32-hour course)</i>	<i>Coronal Polishing (16-hour course)</i>	<i>Infection Control (8-hour course)</i>	<i>CA Dental Practice Act (2hour course)</i>	<i>Basic Life Support (AHA/ARC)</i>	<i>Live Scan Form</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. 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.

Signed in _____ on the _____ of _____, 20____.

(City/State) (Day) (Month) (Yr)

SIGNATURE OF APPLICANT

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the 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 for licensure pursuant to Business and Professions Code section 1752.1, issue and renew licenses, and enforce licensing standards set by law and regulation. 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. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. We make every effort to protect the personal information you provide us. However, in accordance with Section 27 of the Business and Professions Code, your name and mailing address listed on this application will be disclosed to the public upon request or through license verification on the Board's web site, if and when you become licensed. Other information you provide may be disclosed in the following circumstances: (1) in response to a Public Records Act request (Government Code section 6250 and following), as allowed by the Information Practices Act (Civil Code section 1798 and following); (2) to another government agency as required by state or federal law; or (3) in response to a court or administrative order, subpoena or search warrant..



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0023 _____ License _____
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____
 Dental Auxiliaries _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Dental Board of California _____ 06129 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
 2005 Evergreen Street, Suite 1550 _____ Examination Unit _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____
 Sacramento _____ CA _____ 95815 _____ (916) 263-2300 _____
 City _____ State _____ ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
 Other Name: (AKA or Alias) _____
 Last Name _____ First Name _____ Suffix _____
 Sex Male Female _____
 Date of Birth _____ Driver's License Number _____
 Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
 (Agency Billing Number)
 Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number BIL - APPLICANT TO PAY _____
 (Other Identification Number)
 Home Address _____ City _____ State _____ ZIP Code _____
 Street Address or P.O. Box _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date _____

Your Number: RDA/RDAEF/DSA/OA _____ Level of Service: DOJ FBI _____
 OCA Number (Agency Identifying Number) _____ (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
 (Must provide proof of rejection) Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____
 Street Address or P.O. Box _____ Telephone Number (optional) _____
 City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
 Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)