

APPLICATION FOR SPECIAL PERMIT

Business & Professions Code 1640-1642 Title 16 CCR 1027-1027

<p>FEES</p> <p>Application Fee: \$1000.00 (Must be enclosed with application)</p> <p>Fingerprint Fee: \$49.00 (Livescan applicants pay fee at the time of service.)</p> <p>FEES ARE NON-REFUNDABLE</p>
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<p><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>Fee Pd _____</p> <p>Date Cashiered _____</p> <p>Entity# _____</p> <p>File # _____</p>

<p><i>For Office Use Only</i></p> <p>Date Received _____</p>
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See Information for completing and filing this application. Please read carefully and answer each question fully. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN	2. Birthdate (MM/DD/YYYY):
3. Legal Name: Last First Middle	
4. Mailing Address (Address of Record* – Address may be a P.O. Box):	
5. Email Address:	6. Telephone Number:
7. Name of specialty or discipline you will be practicing.	
8. School of Dentistry with which applicant has a current or pending employment contract.	<input type="checkbox"/> University of Southern California <input type="checkbox"/> University of California, San Francisco <input type="checkbox"/> University of California, Los Angeles <input type="checkbox"/> University of the Pacific <input type="checkbox"/> Loma Linda University <input type="checkbox"/> Western University of Health Sciences <input type="checkbox"/> California Northstate University, College of Dental Medicine
9. Employment Status?	<input type="checkbox"/> Full-Time Professor <input type="checkbox"/> Full-Time Associate Professor <input type="checkbox"/> Full-Time Assistant Professor
10. Are you serving in, or have you previously served in, the U.S. Military?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>11. Do any of the following statements apply to you:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p style="text-align: center;">ACCEPTABLE DOCUMENTATION</p> <ul style="list-style-type: none"> 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. 	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>12. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?</p> <p style="text-align: center;">MILITARY HONORABLE DISCHARGE REQUIREMENTS</p> <p>Note: If you meet the U.S. Armed Forces expedite requirement, please attach a copy of the following documentation on the attachments page of this application:</p> <ul style="list-style-type: none"> DD214 or other supporting documentation. 	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>13. Do you already hold a valid license, or comparable authority, to practice dentistry in another U.S. state or territory, and your spouse or domestic partner is an active duty member of the armed forces of the United States and was assigned to a duty station in California under official orders?</p> <p style="text-align: center;">MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</p> <p>Note: If you meet the military spouse or domestic partner requirements, please attach the following documentation on the attachments page of this application (you may be asked to submit original documentation):</p> <ul style="list-style-type: none"> 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. 	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

<p>14. Beginning July 1, 2024, an applicant who is an active-duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code shall receive expedited review of their initial license application pursuant to Business and Professions Code section 115.4, subdivision (b). To qualify for expedited review under Business and Professions Code section 115.4, subdivision (b), the applicant will need to submit with their license application documentation of the applicant's active duty status in the United States Armed Forces and current enrollment in the SkillBridge program, such as an official approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, or Coast Guard), signed by the applicant's first field grade commanding officer, that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates).</p> <p>Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this application.)</p>	<p>Yes <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>No <input style="width: 30px; height: 20px;" type="checkbox"/></p>		
Dental Education			
15. Name and Location of institution attended?	Period of Attendance (Month/Year)	Degree Awarded	Date Degree Awarded
Post Graduate Education – provide copies of completion certificate(s)			
16. Name of Specialty	Location		Completion Date
Name of Institution attended			Board eligible <input type="checkbox"/> Diplomate <input type="checkbox"/>
Advanced Dental Education Program at a dental college approved by the Board – provide copies of completion certificates.			
17. Name of Institution attended	Name of discipline		Completion date
Location			
18. Have you ever been issued a dental license in any State or Country? If yes, submit a copy of your license.			
State or Country	License Number		Issue Date

19. Certification of Dean of Dental College where dental degree was earned:

I hereby certify under penalty of perjury under the laws of the State of California that

Full Name of Student

Matriculated in the

Dental College on the _____ Day of _____ and attended _____ years,

Graduating with a degree of _____ on the date of _____ in the year _____

Seal of the dental school.

Signature of the Dean

Date

20. 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 actions taken by 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 of 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

☐

21. Are there any pending investigations by any State or Federal agencies against you?

If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s).

Yes

☐

No

☐

22. Have you ever been denied a dental license or permission to take a dental examination?

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).

Yes

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No

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23. 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

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No

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24. Are you in default on a United State Department of Health and Human services education loan pursuant to Section 685 of the Code?

If yes, provide a detailed explanation.

Yes

☐

No

☐

25. Certification

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 the penalty of perjury under the laws of the State of California and automatic forfeiture of my Special Permit, if one is issued, that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

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.