



# APPLICATION FOR SPECIAL PERMIT

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

|   |
|---|
| <p><b>FEES</b></p> <p>Application Fee: <b>\$1000</b></p> <p>Fingerprint Fee: \$49<br/>         (Livescan applicants pay fee at the time of service)</p> <p><b>ALL FEES ARE NON-REFUNDABLE</b></p> |
|---|

|                            |                     |
|----------------------------|---------------------|
| <b>FOR OFFICE USE ONLY</b> |                     |
| Receipt _____              | File# _____         |
| Fee Paid _____             | Exp. Date _____     |
| Date _____                 |                     |
| Cashiered _____            |                     |
| SP# _____                  | Approval Date _____ |

**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 type of print legibly

|   |                                     |  |                  |
|---|-------------------------------------|--|------------------|
| Name: Last First Middle   |                                     |  |                  |
| List other names you have used, including maiden name: (If change was made by a court order, attach a Certified Copy) |                                     |  |                  |
| Address of Record/Street*   |                                     | City   | State Zip Code   |
| Birthdate (MM/DD/YYYY)  | Gender: (Circle One)<br>Male Female | SSN/ITIN:  | Telephone Number |
| Email Address   |                                     |  |                  |
| School of Dentistry with which applicant has a current or pending employment contract.                                |                                     | Name of the specialty or discipline you will be practicing.  |                  |
| University of Southern California   |                                     | Status of employment:<br><br>Full-Time Professor<br><br>Full-Time Associate Professor<br><br>Full-Time Assistant Professor |                  |
| University of California, San Francisco   |                                     |  |                  |
| University of California, Los Angeles   |                                     |  |                  |
| University of the Pacific   |                                     |  |                  |
| Loma Linda University   |                                     |  |                  |
| Western University of Health Sciences   |                                     |  |                  |

\* Your address of record is public information and will be placed on the Board's web site and provided to the public upon request.

1. 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; Yes
  - 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, No
  - 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.
- 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.
2. 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 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.

3. 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.

**Dental Education**

| Name & Location of institution attended | Period of Attendance (Month/Year) | Degree Awarded | Date Awarded |
|---|-----------------------------------|----------------|--------------|
|   |                                   |                |              |
|   |                                   |                |              |

**Post Graduate Study – provide copies of completion certificates**

1. \_\_\_\_\_  
 Name of Institution attended                      Location                      Completion date

\_\_\_\_\_                      Board eligible  Diplomate                       Other \_\_\_\_\_  
 Name of specialty

2. \_\_\_\_\_  
 Name of Institution attended                      Location                      Completion date

\_\_\_\_\_                      Board eligible  Diplomate                       Other \_\_\_\_\_  
 Name of specialty

**Advanced Dental Education Program at a dental college approved by the Board – provide copies of completion certificates.**

1. \_\_\_\_\_  
 Name of Institution attended                      Location                      Completion date

\_\_\_\_\_                      Name of discipline

2. \_\_\_\_\_  
 Name of Institution attended                      Location                      Completion date

\_\_\_\_\_                      Name of discipline

**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 |
|------------------|----------------|------------|
| _____            | _____          | _____      |
| _____            | _____          | _____      |

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

\_\_\_\_\_ Matriculated in the \_\_\_\_\_  
 Dental College the \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ and attended \_\_\_\_\_ Years  
 Graduating with the degree of \_\_\_\_\_ On the date of \_\_\_\_\_ In the year \_\_\_\_\_



\_\_\_\_\_  
 Signature of Dean

1. 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
  
2. Are there any pending investigations by any State or Federal agencies against you? Yes  
If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s). No
  
3. Have you ever been denied a dental license or permission to take a dental examination? Yes  
If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s). No
  
4. Have you ever surrendered a license, either voluntarily or otherwise? Yes  
If yes, provide a detailed explanation and a copy of all documents relating to the surrender. No
  
5. Are you in default on a United State Department of Health and Human services education loan pursuant to Section 685 of the Code? Yes  
If yes, provide a detailed explanation. No

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 the penalty of perjury under the laws of the State of California and automatic forfeiture of my California dental license 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Important Information: You must report the Board the results of any actions which have been filed or were pending 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 480 (c) of the Business & Professions Code.**

**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. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances be made public.