



APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (WREB) AFTER SUCCESSFUL COMPLETION OF THE RESTORATIVE TECHNIQUE EXAMINATION

FEES Application Fee: \$400.00 Fingerprint Fee: \$49.00 (Livescan applicants pay fee at time of service) ALL FEES ARE NON-REFUNDABLE
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For Office Use Only File # _____ REC# _____ Fee Pd _____ Date Cashiered _____
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For Office Use Only Received

Please Print or Type:

1. LEGAL NAME:		Last	First	Middle	SSN/FEIN/ITIN #:
2. List other names you have used:					
3. Address:		Street	City	State	Zip Code
4. Email Address:					
5. Date of Birth: MM/DD/YYYY		Gender:		Telephone Number:	
		Male	Female		
6. Date and Examination site of successful completion of the RT exam: _____					
7. Have you previously take the California Law and Ethics Examination? If yes, When was exam taken (mm/yy) _____ Yes No					
8. Do you have a certified disability or condition that requires special accommodations? If yes, email dentalboard@dca.ca.gov for a "REQUEST FOR ACCOMMODATION" packet. Yes No					
9. Have you ever been issued a dental license in any State or Country? Certification of License must be submitted for each State/Country. Yes No					
STATE OR COUNTRY		LICENSE NUMBER		ISSUE DATE	
SINCE THE TIME OF YOUR ORIGINAL AND/OR LAST APPLICATION WAS SUBMITTED:					
10. Do you have any pending of have you ever had any disciplinary action taken or changes filed against a dental license of other healing arts license? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal government entity Yes No					
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. No					

11.	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

12.	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

13.	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

14.	Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the Code?	Yes
	If yes, provide a detailed explanation.	No

15.	With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony?	Yes
	“Conviction” includes a plea of no contest and any conviction that been set aside pursuant to Section 1203.4 of the Penal code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.	No
	If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).	

16.	Executed in _____, on the _____ Day of _____, 20____ City
<p>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.</p> <p>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.</p>	
_____	_____
Date	Signature of Applicant
<p>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 480 © of the Business & Professions Code.</p>	

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.