

Dental Assisting Program (Non-Board Approved) Certification Form

The Dental Board of California (Board) is providing this form to assist non-board approved dental assisting program administrators/directors to certify graduation of applicants seeking RDA licensure in California using the education pathway pursuant to Business and Professions Code (BPC) section 1752.1, subdivision (b).

You may use this form only if the dental assisting program is in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that is not approved by the Board pursuant to BPC section 1752.1, subdivision (a). Graduates of programs not meeting established minimum criteria as specified in California Code of Regulations, title 16, sections 1070 through 1070.6 shall not qualify for satisfactory work experience. Credit toward the work experience shall equal the total weeks spent in classroom training and internship on a week-for-week basis.

Section 1: RDA License Applicant Information (To Be Completed by RDA License Applicant)	
First Name:	Middle Name:
Last Name:	
SSN/ITIN:	
Section 2: Dental Assisting (DA) Program Information (To Be Completed by Program)	
Name of DA Program:	
Name of Course Completed:	
Program Street Address, City State, Postal Code:	
Name of Program Administrator/Director:	
Type of Educational Program: [Check applicable box]	<input type="checkbox"/> Postsecondary Institution approved by the Dept. of Education <input type="checkbox"/> Secondary Institution <input type="checkbox"/> Regional Occupational Center <input type="checkbox"/> Regional Occupational Program
Section 3: Certification of Classroom Training and Internship (To Be Completed by Program)	
I certify that _____ (Student) was enrolled in the dental assisting program named above, on _____ (MM/DD/YYYY) and completed the program on _____ (MM/DD/YYYY). The student completed _____ weeks and _____ hours of classroom training and internship.	
Section 4: Certification of Dental Assisting Program (To Be Completed by Program)	
I certify that the information entered in Sections 1 through 3 above is true and correct.	
Signature of Program Administrator/Director _____ Date Signed _____ (MM/DD/YYYY)	

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.