

## APPLICATION FOR TEMPORARY LICENSURE TO PRACTICE DENTAL HYGIENE (MILITARY SPOUSES/PARTNERS)

Business & Professions Code (BPC) sections 115.6, 1905 and 1906, and California Code of Regulations, Title 16, Division 11, section 1114.

### NOTICE

**A temporary license issued by the Dental Hygiene Board of California (DHBC) is nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license pursuant to BPC section 115.5, whichever occurs first.**

Definitions: For the purposes of this application, the following definitions shall apply:

- (1) "Disciplined" means that the applicant's license was placed on probation, revoked, suspended, reprobated, censured, reprimanded, restricted, limited, or conditioned.
- (2) "Jurisdiction" shall mean a California or another state's licensing board or agency, any agency of the federal government, or another country.
- (3) "Disciplinary proceeding" shall mean any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which a licensee may be disciplined.
- (4) "License" shall mean an applicant's license, registration, or other comparable authority.
- (5) "Good standing" shall mean:
  - The applicant has not been disciplined,
  - The applicant is not the subject of an unresolved complaint or review procedure, and
  - The applicant is not the subject of any unresolved disciplinary proceeding.

<b>PERSONAL INFORMATION (REQUIRED)</b>		<b>Date:</b>	
<b>1. Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Suffix</b>
<b>2. Other Names/Aliases</b>			
<b>3. Licensure Application Type:</b>			
<input type="checkbox"/> Registered Dental Hygienist (RDH). <input type="checkbox"/> Registered Dental Hygienist in Alternative Practice (RDHAP). <input type="checkbox"/> Registered Dental Hygienist in Extended Functions (RDHEF).			
<b>4. Social Security or Individual Taxpayer Identification Number</b>		<b>5. Birthdate (MM/DD/YYYY)</b>	
<b>6. Physical Address</b>			
Number and Street (including apartment number, if applicable)			
City	State	Zip Code	

<b>7. Mailing Address (If different from Physical Address)</b>		
Number and Street (including apartment number, if applicable) or P.O. Box Number		
City	State	Zip
<b>8. Email Address(es), if any</b>		
<b>9. Telephone Numbers</b>		
Home	Mobile	Work

<b>U.S. MILITARY REQUIREMENT (FOR SPOUSES/DOMESTIC PARTNERS OF U.S. MILITARY MEMBERS)</b>		
<p>10. Are you married to, or in a 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 California under official active duty military orders?</p> <p>*If YES, please provide with this application the following documentation required to process your request for a temporary license. Failure to do so shall result in the application being deemed incomplete and the application will not be processed:</p> <ul style="list-style-type: none"> <li>• Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces.</li> <li>• A copy of the military orders establishing the applicant's spouse's or partner's duty station in California.</li> </ul>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>DENTAL HYGIENE PROFESSIONAL LICENSURE HISTORY</b>		
<p>11. Do you hold a current, active, and unrestricted license to practice as an RDH, an RDHAP, or an RDHEF in another state, district, or territory of the United States?</p> <p>*If YES, please submit the following with this application to the DHBC for every state, district, or territory of the United States in which the applicant holds a current, active, and unrestricted license to practice as an RDH, an RDHAP, or an RDHEF:</p> <ul style="list-style-type: none"> <li>• A copy of the applicant's current license(s), including the number issued to the applicant by the licensing jurisdiction, and relevant law(s) and regulation(s) under which the license(s) was/were issued.</li> <li>• Written verification from the applicant's licensing jurisdiction that the applicant's license is in good standing in that jurisdiction. The verification shall include all of the following: <ul style="list-style-type: none"> <li>○ The full legal name of the applicant and any other name(s) the applicant has used or has been known by.</li> <li>○ The license number issued to the applicant by the licensing jurisdiction.</li> <li>○ The name and location of the licensing agency.</li> <li>○ The issuance and expiration date of the license.</li> <li>○ Information showing that the applicant's license is currently in good standing.</li> </ul> </li> </ul>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>

**OTHER PROFESSIONAL LICENSURE OR CERTIFICATION HISTORY**

12. Do you hold or have you ever held any other professional or vocational license in another state, district, or territory of the United States?	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
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\*If YES, please submit the following with this application to the DHBC for every such professional or vocational license:

- A copy of the applicant’s license, including the number issued to the applicant by the licensing jurisdiction.
- Written verification from the licensing jurisdiction that the applicant’s license is in good standing in that jurisdiction. The verification shall include all of the following:
  - The full legal name of the applicant and any other name(s) the applicant has used or has been known by.
  - The license type and number issued to the applicant by the licensing jurisdiction.
  - The name and location of the licensing agency.
  - The issuance and expiration date of the license.
  - Information showing the applicant’s current license status.

**California RDH Law and Ethics Examination Administered by the DHBC:**

Prior to issuance of a license, an applicant for licensure as an RDH, RDHAP, or RDHEF must successfully take and complete a supplemental written examination in California Law and Ethics. (Cal. Code Regs., tit. 16, § 1121.)

- Once the DHBC verifies your application is complete, the DHBC will send you an approval letter with details to schedule your exam with the California RDH Law and Ethics exam provider (PSI Services).

13. In order for the DHBC to assist you with scheduling this examination, please answer the following:	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you have a disability as defined in Civil Code section 51, or condition that requires reasonable accommodations for testing?

\*If YES, please provide documentation of disability in an original letter on letterhead from a health care provider, which includes the date(s), nature of the disability, any testing accommodations requested, and the health care provider’s signature.

**ADDITIONAL EXPLANATIONS**

14. If you need space for additional answers to any of the application questions, list the question number and provide additional information as needed.

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**APPLICATION AFFIDAVIT**

I hereby attest that I meet all of the requirements for temporary licensure as set forth in Business and Professions Code Section 115.6 (c)(1) through (5), including that I have not committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under the Business and Professions Code at the time the act was committed and I am aware that a violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the DHBC. I also attest to the fact that I have not been disciplined by a licensing entity in another jurisdiction and am not the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. I also understand that I will be required to furnish a full set of fingerprints for purposes of conducting a criminal background check. I further attest that the information submitted in this application is accurate, to the best of my knowledge.

**NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING THE APPLICATION. IN ADDITION, ANY TEMPORARY LICENSE ISSUED AFTER THE APPLICATION IS PROCESSED WILL BE IMMEDIATELY TERMINATED UPON A FINDING THAT THE LICENSE HOLDER PROVIDED SUBSTANTIVELY INACCURATE INFORMATION THAT WOULD AFFECT THE PERSON’S ELIGIBILITY FOR TEMPORARY LICENSURE (BPC SECTION 115.6).**

**APPLICANT’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

## NOTICES

The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1905 and 1917, and Title 16, California Code of Regulations Section 1114. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for temporary licensure and enforce licensing standards set by law and regulation.

### **MANDATORY SUBMISSION**

Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your application for temporary licensure unless you provide all the requested information.

### **ACCESS TO PERSONAL INFORMATION.**

You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

### **POSSIBLE DISCLOSURE OF PERSONAL INFORMATION.**

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 7921.000 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

### **MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS**

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### **STATE TAX OBLIGATION NOTICE**

The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the DHBC. You are required to pay your state tax obligation and your license may be suspended, or your application denied if the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).

### **CONTACT INFORMATION.**

For questions about this notice or access to your records, you may contact:  
Executive Officer of the Dental Hygiene Board of California,  
2005 Evergreen Street, Suite 1350,  
Sacramento, CA 95815  
(916) 263-1978

#### **INTERNAL OFFICE USE ONLY**

<b>RDH School:</b>	<b>Receipt #</b>	<b>\$ Amount:</b>
<b>Graduation Date:</b>	<b>File No.</b>	
<b>Clearances:</b> Photo <input type="checkbox"/> DOJ <input type="checkbox"/> FBI <input type="checkbox"/>	<b>Exams:</b> NB <input type="checkbox"/> ADEX <input type="checkbox"/> CRDTS <input type="checkbox"/> WREB <input type="checkbox"/>	<b>Coursework:</b> XRAY <input type="checkbox"/> SLN <input type="checkbox"/>
<b>Out of State License:</b> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF <input type="checkbox"/> DDS <input type="checkbox"/> RDA/RDAEF <input type="checkbox"/>	<b>Discipline</b> <input type="checkbox"/>	