STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | **F** (916) 623-4093 | **www.dhbc.ca.gov**

APPLICATION TO ACTIVATE/INACTIVATE LICENSE

Amt:
Receipt #
_____

Please print or type legibly

Name of Licensee:	License#
Mailing Address:	Home Phone#
Email Address:	Cell Phone#

ACTIVATION

☐ I wish to **ACTIVATE** my RDH/RDHEF/RDHAP license. Attached are copies of the certificates of completion for the required continuing education (CE) units that have been taken within the last two (2) years. Mandatory courses by a California Registered Provider include:
- 2 units in infection control,
- 2 units in the California Dental Practice Act
- A course in basic life support as approved by the American Red Cross or the American Heart Association, the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

Section 1016 and 1017 of the California Code of Regulations

☐ **CONVICTIONS and LICENSE DISCIPLINE:** Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the USA and its territories, military court or foreign country? **Yes** _____ **No** _____

☐ I have enclosed my current **original INACTIVE pocket license (**_required)_**.**

☐ I have enclosed the required **$25.00 fee** to replace my inactive license with an active license.

INACTIVATION

☐ I wish to **INACTIVATE** my RDH/RDHEF/RDHAP license. I understand that I may **NOT** perform any duties that require a license until my license is reactivated. *An "Inactive-Current" license status exempts you from the CE requirement only; however, you are required to pay your biennial renewal fee at each renewal.*

☐ I have enclosed my current original ACTIVE pocket license, (required).

☐ I have enclosed the required **$25.00 fee** to replace my active license with an inactive license.
The $25 fee is a license replacement fee and not a license renewal fee.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE IS TRUE AND CORRECT.

_____
PRINTED NAME

_____
SIGNATURE   **DATE**

REV 04.22