



## FICTITIOUS NAME PERMIT APPLICATION FOR REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs)

Please **READ** all instructions and general information prior to completing this application. **ALL** questions on this application must be answered, and all information requested in this application must be supplied by the applicant. If something does not apply to you, write "N/A". Failure to do so may cause a delay in processing your application. Please type or print neatly; illegible applications will be returned.

### APPLICATION FEES

Applications received without applicable fees will not be processed and will be returned to the sender as incomplete.

**ALL FEES ARE NON-REFUNDABLE**

**APPLICATION FEE: \$ 160.00 (Prorated: \$80.00)**

Payment must be made by personal check, cashier's check, business check or money order and must be payable to "DHBC".

### PERSONAL INFORMATION

**\*Note: the applicant information provided in questions 1 and 2 will be used to establish the expiration date of the permit and will be the point-of-contact for this application.**

<b>1. Name: Last</b>			<b>First</b>			<b>Middle</b>		
<b>2a. RDHAP License Number</b>				<b>2b. RDH License Number</b>				
<b>3. Fictitious Name to be used in the practice [BPC section 1962(a)(b)(3)]: (Please refer to instructions)</b>								
<b>4. Address of Practice where Fictitious Name will be used [BPC section 1962(a)(b)(2)]:</b>								
<b>Number and Street (including suite number, if applicable)</b>								
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>5. Address of Record/Mailing Address*</b>								
<b>(*The address of record will be posted on the internet and be disclosed to the public upon request.)</b>								
<b>Number and Street (including apartment number, if applicable)</b>								
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>6. Email Address (Required)</b>								
<b>7. Telephone Numbers (Required)</b>								
<b>Home</b>		<b>Cell</b>		<b>Work</b>				

**PRACTICE OWNERSHIP**

**\*List all RDHAPs who have ownership in the practice associated with this application [BPC section 1962(a)(b)(1)]**

**8. Please indicate the practice type below:**

\_\_\_\_ Individual    \_\_\_\_ Partnership    \_\_\_\_ Association    \_\_\_\_ Group

*RDHAP Licensee Name	RDHAP License Number

**MILITARY EXPEDITE**

**\*If you answer “Yes” to any of the questions in this section, please see the application checklist for documentation required to expedite application review. Failure to do so may result in application review delays.**

9. Are you serving in, or have you previously served in the United States Military?	*YES	NO
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 and do you hold a current dental hygiene license?	*YES	NO

**REFUGEES, ASYLEES AND SPECIAL IMMIGRANT VISA HOLDERS EXPEDITE**

**\*If you answer “Yes” to any of the questions in this section, please see the application checklist for documentation required to expedite application review. Failure to do so may result in application review delays.**

11. Do any of the following statements apply to you?	*YES	NO
<ul style="list-style-type: none"> <li>• You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;</li> <li>• 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,</li> <li>• 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.</li> </ul>		

## APPLICATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the application hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the questions in the foregoing application and that all information, statement, attachment, and representations provided by me in this application are true and correct. By submitting the application and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

**NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING A LICENSE.**

**APPLICATION 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 California Code of Regulations Sections 1076 and 1077. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses 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 licensure or renewal 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 6250 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 Board. You are required to pay your state tax obligation and your license may be suspended, or your renewal 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:

Dental Hygiene Board of California 2005 Evergreen Street, Suite 1350  
Sacramento, CA 95815  
(916) 263-1978

For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact:

The California Office of Privacy Protection Department of Consumer Affairs  
1625 N. Market Blvd., Sacramento, CA 95834  
(866) 785-9663  
Email: [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov)

**INTERNAL OFFICE USE ONLY**

<b>Date Received:</b>	<b>Receipt #:</b>	<b>\$ Amount:</b>
<b>File #:</b>	<b>FNP #:</b>	<b>License Exp. Date:</b>
<b>Expedite: Military <input type="checkbox"/> Refugee/Asylee/Special Immigrant <input type="checkbox"/></b>		<b>Date Issued:</b>