

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

DENTAL HYGIENE BOARD OF CALIFORNIA 2005 Evergreen Street, Suite 1350 Sacramento, CA 95815 P (916) 263-2572 | F (916) 623-4093 | dhbc.ca.gov



# APPLICATION to practice DENTAL HYGIENE through LICENSURE BY CREDENTIAL

A	LL FEES	ARE NON-REFUNDABLE	File #	Amt: \$	Receipt #
\$100 \$100 <b>Pa</b>	e: \$200.00 0.00 Application Fe 0.00 License Issua yable to "D / & ETHICS EXAM	nce Fee CASHIERS CHECK BUSINESS CHECK	State/Regional Exa	am: M ) 🛛 Xray 🗌 <mark>Clearai</mark>	NB DATE: ilitary   Photo   CE nces: DOJ   FBI
	PLEASE TYPE	OR PRINT CLEARLY, IF YOU MAKE A MISTAKE	E, LIGHTLY CROSS IT OUT, DO NO	T USE WHITE-OUT. WRITE	"N/A" OR A ""IF NOT APPLICABLE.
1.	APPLICANT'S F	ULL LEGAL NAME: Last	First	Middle	2. Social Security #
Lisi	t any other names	or aliases you have ever used:			3. Birth date (mm/dd/yy)
	Address of R		City	Stat	e Zip Code
5.	EMAIL ADDRES	S:		6. TELEPHONE NUMBERS: ( ) Home	( ) Work
		ENSED, THE ADDRESS OF RECORD WILL	BE POSTED ON THE INTERN	IET AND DISCLOSED TO T	THE PUBLIC UPON REQUEST.
7.	FOR TESTIN	VE A CERTIFIED DISABILITY OR CON NG? act the DHBC for a "Special Accommodat		PECIAL ACCOMMODATIC	
8.	OF AND D	IYGIENE PROGRAM/SCHOOL GI ATE ON WHICH YOU GRADUATED I ISSION ON DENTAL ACCREDITATION	FROM A DENTAL HYGIEN		
	SCHOOL	Nаме:		G	rad Date: / /
9.		E IN OTHER STATES REQUIREM BEEN LICENSED IN. THIS INCLUDE NIA.			
	STATE	LICENSE TYPE AND NUMBER	DATE L	ICENSE ISSUED	EXPIRATION DATE
	STATE	LICENSE TYPE AND NUMBER	DATE L	ICENSE ISSUED	
					EXPIRATION DATE
	STATE	LICENSE TYPE AND NUMBER	DATE L	ICENSE ISSUED	EXPIRATION DATE
	STATE STATE				

	EXAMINATION REQUIREMENTS				
10.	WESTERN REGIONAL EXAMINING BOARD (WREB) OR CENTRAL REGIONAL TESTING SERVICES (CRDTS).				
	WITHIN THE LAST FIVE (5) YEARS, HAVE YOU TAKEN THE WREB DENTAL HYGIENIST CLINICAL EXAMINATION?	YES [		D 🗌	
		VREB 🗌		DTS 🗌	
	If <b>YES</b> , provide the ORIGINAL examination results along with the "Dental Hygiene Summary Profile Sheet" from V			e §1917.1(8)	
11.	<b>PASSAGE OF A CLINICAL EXAM.</b> YOU MUST PROVIDE PROOF AND THE DATE ON WHICH YOU PASSED A CLINICAL EXAM. If the proof of passing said clinical exam is included on a license certification from a state licensing board, please indicate which state below.				
	CLINICAL EXAM:	DATE:	/	/	
	(i.e. Regional or State)	Pursuant to	B&P code	e §1917.1(7)	
12.	PASSAGE OF DENTAL HYGIENE NATIONAL BOARD. PROVIDE AN ORIGINAL NATIONAL BOARD "SCORE REPORT" AND THE DATE ON WHICH YOU SUCCESSFULLY PASSED THE DENTAL				
	HYGIENE NATIONAL BOARD.	DATE:	/	/	
		Pursuant to	B&P code	§1917.1(7)	
13.	<b>COMPLETION OF APPROVED SPECIFIED COURSEWORK.</b> YOU MUST PROVIDE PROOF OF PASSING CALIFORNIA DENTAL HYGIENE BOARD-APPROVED COURS	SEWORK IN	:		
	$\Rightarrow$ SOFT TISSUE CURETTAGE $\Rightarrow$ ADMINISTRATION OF NITROUS OXIDE/OXYGEN $\Rightarrow$ ADMINISTRATION	on of loca	L ANEST	THESIA	
	BOARD APPROVED COURSEWORK COMPLETED AT:				
	; ON	DATE:	/	/	
	NAME OF CALIFORNIA BOARD-APPROVED PROVIDER	Pursuant	t to B&P c	ode §1917(f)	
14.	<b>COMPLETION OF AN ADA APPROVED RADIATION SAFETY COURSE.</b> YOU MUST PROV ACCEPTABLE RADIATION SAFETY INSTRUCTION ON THE FORM PROVIDED BY THE DHBC OR YOU WILL TO EXPOSE DENTAL RADIOGRAPHS.				
	IF YOU GRADUATED PRIOR TO 1985, YOU MUST TAKE A CALIFORNIA BOARD-APPROVED COURSE II	N RADIATIC	ON SAFE	TY.	
15.	CONTINUING EDUCATION REQUIREMENT. YOU MUST PROVIDE ORIGINAL CERTIFICATES OF				
	COMPLETION OF 25 UNITS OF CONTINUING EDUCATION TAKEN NO MORE THAN TWO (2) YEARS				
	PRIOR TO THE DATE (MONTH/YEAR) OF SUBMITTING THIS APPLICATION.				
	The following continuing education is mandatory and <u>must</u> be taken from a California Board-approved provider:		# OF L COMP		
	<ul> <li>Basic Life Support for Healthcare Providers (CPR) by AHA or ARC;</li> <li>2 hour course on the California Dental Practice Act;</li> </ul>				
	2 hour California Infection Control.	Pursuant to	B&P code	e §1917.1(9)	

	EXPERIENCE REQUIREMENT		
16.	(A) CLINICAL PRACTICE EXPERIENCE. I CERTIFY THAT I HAVE BEEN IN CLINICAL PRACTIC	E AS	
	a dental hygienist for <u>a minimum of 750 hours per year, for at least five (5)</u>		
	YEARS <b>IMMEDIATELY PRECEEDING</b> THE DATE (MONTH/YEAR) OF SUBMITTING THIS APPLICATI		
	AND HAVE ATTACHED A COMPLETED "CERTIFICATION OF DENTAL HYGIENE CLINICAL PRACTICE"		_
	FORM.	YES 🗌	NO 🗌
	NOTE: LESS THAN 5 YEARS IS REQUIRED IF IN COMBINATION WITH 17(B) OR 17(C) BELOW.		
16. (E			
	MEMBER IN AN ACCREDITED DENTAL HYGIENE EDUCATIONAL PROGRAM FOR A MINIMUM		
	<u>OF 750 HOURS PER YEAR, FOR AT LEAST FIVE (5) YEARS <b>IMMEDIATELY PRECEEDING</b> THE DATE OF THIS APPLICATION.</u>		
	DATE OF THIS AFFEIGATION.	YES 🗌	NO 🗌
	NOTE: LESS THAN 5 YEARS IS REQUIRED IF IN COMBINATION WITH 17(A) ABOVE.		
	A copy of each pertinent employment contract showing the number of hours performed per year must be submit	ted with the app	olication.
16. (C			
	CLINICAL PRACTICE AS A DENTAL HYGIENIST (SEE 17A ABOVE) FOR <u>A MINIMUM OF</u>		
	750 HOURS PER YEAR, FOR AT LEAST THREE (3) YEARS IMMEDIATELY PRECEEDING		
	THE DATE OF THIS APPLICATION, AND HAVE ATTACHED THE REQUIRED COMPLETED		
	"CERTIFICATION OF DENTAL HYGIENE CLINICAL PRACTICE" FORM. I FURTHER CERTIFY		
	THAT IN LIEU OF THE REMAINING TWO (2) YEARS OF THE FIVE (5) YEAR CLINICAL PRACTICE EXPERIENCE REQUIREMENT, I HAVE COMMITTED TO PRACTICE IN CERTAIN SETTINGS OR	YES 🗌	NO 🗆
	LOCATIONS IN CALIFORNIA.		
	Proof of the pending contract to practice in such settings or locations must be provided.		
	APPLICANT DISCLOSURES		
17.			
	<b>MILITARY SPOUSE DISCLOSURE.</b> 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	2	
	ORDERS? If the answer is "YES" you <b>MUST</b> provide the following documentations:		
	Proof of "Active Duty Orders" of the member.		
	<ul> <li>Proof of "Active Duty Orders" of the member.</li> <li>Proof of marriage, domestic partnership or legal union.</li> </ul>	YES 🗌	NO 🗌
	Proof of "Active Duty Orders" of the member.		
	<ul> <li>Proof of "Active Duty Orders" of the member.</li> <li>Proof of marriage, domestic partnership or legal union.</li> <li>Proof of current "Registered Dental Hygienist" license in another State, District or territory of the United States.</li> </ul>	Pursuant to B	NO
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<b>EXECUTION</b>	OF APPLICATION
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	n the applicant for licensure
referred to in this application for licensure in Dental Hygiene through Licens	sure by Credential (LBC). I
have carefully read the questions in the foregoing application and have ans	
	weren mem nunnuny, iuny
and completely.	
I certify under penalty of perjury under the laws of the State of California th	at the information provided
in the foregoing and any attachments hereto in this application being subm	itted to the Dental Hygiene
Board of California is true and correct to the best of my knowledge and beli	ef.
20. SIGNED	Date
20. SIGNED APPLICANT PHOTOGRAPH	Dате
PLEASE PROVIDE A RECENT PHOTOGRAPH.	
THE PHOTOGRAPH SHOULD BE: DATE PHOTO TAKEN:	
STANDARD PASSPORT PHOTO	
<ul> <li>2 INCH X 2 INCH SIZE</li> <li>Paper Photo Head Size Template</li> <li>SHOULDERS FACING FRONT</li> </ul>	
<ul> <li>FULL NAME ON THE BACK</li> </ul>	PLACE
> FACE UN-OBSCURED	PHOTO
118 inch to 138 inch	HERE
USE THE DIAGRAM TO THE RIGHT AS A GUIDE.	
NOTICE	
Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Bo Information with the Board. You are obligated to pay your state tax obligation a	
suspended if the state tax obligation is not paid.	ind your license may be

21.	ADDITIONAL EXPLANATIONS. IF YOU NEED SPACE FOR ADDITIONAL ANSWERS TO ANY OF THE APPLICATION
	QUESTIONS, LIST THE QUESTION NUMBER AND PROVIDE ADDITIONAL INFORMATION AS NEEDED.

## NOTICE ON COLLECTION OF PERSONAL INFORMATION

## COLLECTION AND USE OF PERSONAL INFORMATION.

Affairs collects the personal information requested on this form as [42 U.S.C.A. 405(c)(2)(c)] authorizes collection of your Social Security authorized by Business and Professions Code Sections 1905 and 1917, and number. Your Social Security number will be used exclusively for tax California Code of Regulations Sections 1076 and 1077. The Dental Hygiene enforcement purposes, and for purposes of compliance with any judgment Board of California uses this information principally to identify and evaluate or order for family support in accordance with Section 11350.6 of the applicants for licensure, issue and renew licenses and enforce licensing Welfare and Institutions Code, or for verification of licensure or 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 of the requested information.

## ACCESS TO PERSONAL INFORMATION.

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.

#### **DISCLOSURE OF SOCIAL SECURITY NUMBER.**

The Dental Hygiene Board of California of the Department of Consumer Section 30 of the Business and Professions Code and Public Law 94-455 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 Social Security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess \$100 penalty against you.

### CONTACT INFORMATION.

You may review the records maintained by the Dental Hygiene Board of For questions about this notice or access to your records, you may contact:

Dental Hygiene Board of California 2005 Evergreen Street, Suite 2050 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