



LBC APPLICATION CHECKLIST

APPLICANT NAME: _____ **DATE:** _____

Completed and signed application form. Disclose your full legal name; (*Last, First, Middle*).
Incomplete applications will be returned to the applicant.

Enclose the required fee: **\$200.00**

Acceptable forms of payment are personal check, cashier's check or money order, made payable to "DHBC".

Copy of diploma

Original National Board Scorecard

Original certification of completion of training in Soft Tissue Curettage, Nitrous Oxide & Oxygen, and Local Anesthetic to State of California standards *Training must be through a California board-approved course provider.*

Original proof of passing a State or Regional Examination.

Note: **An applicant who has taken the WREB, a "Sealed Success Report"** must be provided if you have failed previous WREB attempts before a passing score was received.

Certification of completion of an ADA Radiation Safety Program

*Your Hygiene Program Director **MUST** complete the form available on our website.*

Licensure certification form(s) from each state that you now hold or ever have held a **dental hygiene** license and **registered dental assistant** license in; **regardless** of the status of the license (ie, Active, Expired, Canceled, Revoked).

Proof of 25 hours of Continuing Education including mandatory coursework from a California Board-approved provider in:

- 2 hours Dental Practice Act
- 2 hours Infection Control
- CPR Certification – must be from the American Heart Association, American Red Cross or Pace

Completed "Certification of Dental Hygiene Clinical Practice Form".

The yearly hour requirement will be counted beginning with the month the application is received in the DHBC office. (i.e. if the application is received in May, the hours counted will be from May of the current year to May of the previous year.)

Copy of your completed Live Scan fingerprint submission form.

Live Scan must be completed in California.

One (1) 2 inch x 2 inch Passport Photograph.

Attach Photo in the space indicated on page 3, section 24.

Spouse of an active duty member stationed in California.

You must provide proof of :

- *active duty orders of the active military member*
- *proof of marriage*
- *domestic partnership or legal union*
- *proof of current "Registered Dental Hygienist" licensure in another state, district, territory of the United States*

Proof of legal name change. *If any of the documents submitted with your application show a different name, you must include a Marriage License or Certificate, Divorce Decree, Naturalization documentation or Court Order. A driver's license, ID card or social security card will not be accepted as legal proof of name change.*

All of the above required items must be submitted with your application before you can be accepted as an applicant for licensure. Once your application is deemed complete, a written notice of eligibility to take the written California Law & Ethics Exam will be sent to you by mail.