



## APPLICATION FOR LICENSURE REGISTERED DENTAL HYGIENIST (RDH)



Please **READ** all instructions and general information prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted with this application as per instructions. If something does not apply to you, write "N/A". Failure to do so may cause a delay in processing your application. When space provided is insufficient, attach additional sheets of paper. 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: \$ 200.00 (Breakdown of fee - \$100 Application Fee, \$100 License Issuance Fee)**

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

### PERSONAL INFORMATION

<b>1. Name: Last</b>			<b>First</b>			<b>Middle</b>		
<b>2. Other Names/Aliases</b>								
<b>3. Social Security Number/Individual Taxpayer Identification Number</b>						<b>4. Birthdate (MM/DD/YYYY)</b>		
<b>5. Address of Record/Mailing Address*</b> (*Once licensed, the address of record will be posted on the internet and be disclosed to the public upon request.)								
Number and Street (including apartment number, if applicable)								
<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>		

### EDUCATION AND RDH PROFESSIONAL EXAMINATIONS REQUIREMENTS

<b>8. Commission on Dental Accreditation (CODA)-Approved RDH Educational Program Attended</b>					
<b>Name of RDH Educational Program</b>			<b>Telephone number</b>		<b>Graduation Date</b>
<b>Address: Number and Street</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>National Board Dental Hygiene Examination Administered by the Joint Commission on National Dental Examinations</b>					
9. Have you successfully passed the Dental Hygiene National Board? *Provide an original "score report" and the date on which you successfully passed the dental hygiene national board. <b>Date:</b> _____				<b>*YES</b>	<b>NO</b>

RDH Clinical Examination Requirements		
10. Have you successfully passed an RDH clinical examination?* If yes, please indicate the exam passed and date of completion ( <i>Exam must be taken within 3 years from the date of application</i> ):  <input type="checkbox"/> American Board of Dental Examiners (ADEX)    Date: _____ <input type="checkbox"/> Central Regional Dental Testing (CRDTS)    Date: _____ <input type="checkbox"/> Western Regional Board Exam (WREB)    Date: _____  <b>NOTE:</b> <i>If you have failed previous attempts on a clinical examination before a passing score was received, you MUST provide the "Original Examination Score Report" from all applicable exams.</i>	*YES	NO
11. Have you ever taken a clinical examination where you imposed gross trauma? <i>*If YES, please explain in Section #25.</i>	*YES	NO
12. Have you failed three or more clinical examinations, including any examinations with any testing agencies or boards? <i>*If YES, provide the examination results along with the "Dental Hygiene Summary Profile Sheet".</i>	*YES	NO
California RDH Law and Ethics Examination Administered by the DHBC		
13. Have you previously taken the California RDH Law and Ethics examination? <i>*If YES, provide the date that you last took the exam. <b>Date:</b> _____</i>	*YES	NO
14. Do you have a certified disability or condition that requires special accommodations for testing? <i>*If YES, contact the DHBC for a "Special Accommodations" packet.</i>	*YES	NO
Completion of Approved Specified Coursework for Non-California Graduates or Graduates Completing RDH Educational Programs Prior to 1985.		
15. You must provide the date and attach documentation of successful completion for DHBC-approved courses in:  <input type="checkbox"/> Soft Tissue Curettage    Date: _____ <input type="checkbox"/> Administration of Local Anesthesia    Date: _____ <input type="checkbox"/> Administration of Nitrous Oxide/Oxygen Analgesia    Date: _____ <input type="checkbox"/> Completion of an American Dental Association-Approved Radiation Safety Course*    Date: _____  <i>*You must provide certification of acceptable radiation safety instruction on the form provided by the DHBC or you will not be allowed to expose dental radiographs.</i>		

LICENSE HISTORY					
Professional License or Certification History.					
16. Are you, or have you ever been licensed, certified, or otherwise registered in any manner in any state, country, territory, or with any federal agency in any health care occupation? <i>*All license/certificates MUST be listed regardless of status. If the current status is anything other than active (inactive, suspended, revoked, probation, or other) please explain in Section # 25.</i>			*YES	NO	
Type of Licensure	State or Country	License Number	Date of Licensure		Current Status of License (active, inactive, suspended, revoked, probation, other, explain.
			FROM	TO	

## DISCIPLINARY HISTORY

\*If you answer YES to any of the questions in this section, you must attach a written narrative that includes the incident date, location, and outcome. Attach ALL official documents that may include arrest, hearing and court orders. If disciplined by another regulatory body, ALL certified documents must be attached with a letter of explanation. Include any disciplinary actions by the U.S. Military, U.S. Public Health Services, or any other U.S. governmental agency.

17. Have you ever had a license be formally disciplined and be charged with, or have been found to have committed any unprofessional conduct, incompetence, gross negligence, or malpractice by any licensing Board, government agency or other disciplinary body? <i>“Discipline” includes but is not limited to, suspension, revocation, surrender, probation, or any other restriction. “License” includes permits, registrations and certificates.</i>	*YES	NO
18. In lieu of any formal discipline, have you ever voluntarily surrendered a license to practice any level of dentistry, including but not limited to hygiene or assisting, in any state, region, country, or U.S. Federal jurisdiction?	*YES	NO
19. Have you ever been denied a license, registration or permit to practice dental hygiene or permission to take any examination in any state, region, or country?	*YES	NO

## 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.

20. Are you serving in, or have you previously served in the United States Military?	*YES	NO
21. 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.

22. Do any of the following statements apply to you? <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>	*YES	NO
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## PHOTOGRAPH

<p><b>INSTRUCTIONS</b></p> <p>Photographs must be not more than 30 days old and must be of the head and shoulders only.</p> <p>Attach a 2” x 2” color PASSPORT photo in this space.</p> <p>Scanned, altered or self-printed photos are not acceptable.</p>	
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### ADDITIONAL EXPLANATIONS

25. 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 CERTIFICATION

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 ant 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>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>Expedite:</b> Military <input type="checkbox"/> Refugee/Asylee/Special Immigrant <input type="checkbox"/>	<b>Out of State License:</b> RDH <input type="checkbox"/> DDS <input type="checkbox"/> RDA/RDAEF <input type="checkbox"/>	
<b>Discipline</b> <input type="checkbox"/>		