



## APPLICATION FOR EXTRAMURAL DENTAL HYGIENE FACILITY REGISTRATION

Pursuant to §1942 of the Business and Professions Code, an Extramural Dental Facility means any clinical facility that has contracted with an approved dental hygiene educational program for instruction in dental hygiene that exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved program, and in which dental hygiene services are rendered.

**Non-Refundable Registration Fee: \$200**

FOR DHBC USE ONLY	
Rec. # _____	File _____
FEE _____	Issue Date _____
Exp. Date _____	Denied _____
Permit Number Issued: EMP _____	

Please type or write legibly.

<b>DENTAL HYGIENE EDUCATIONAL PROGRAM REQUESTING EXTRAMURAL FACILITY REGISTRATION:</b>		
_____		
DENTAL HYGIENE EDUCATIONAL PROGRAM DIRECTOR: _____		
STREET _____ CITY _____		
STATE _____	ZIP CODE _____	TELEPHONE NUMBER (____) _____
<b>EXTRAMURAL DENTAL HYGIENE FACILITY:</b>		
_____		
CONTACT FOR EXTRAMURAL DENTAL HYGIENE FACILITY: _____		
STREET _____ CITY _____		
STATE _____	ZIP CODE _____	TELEPHONE NUMBER (____) _____
<b>NAME(S) OF FACULTY RESPONSIBLE FOR SUPERVISION:</b>		
NAME _____	RDH/RDHAP/RDHEF/DDS (LICENSE NUMBER) _____	TELEPHONE NUMBER _____
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NAME _____	RDH/RDHAP/RDHEF/DDS (LICENSE NUMBER) _____	TELEPHONE NUMBER _____

State scope of treatment(s) to be rendered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date facility opened or will open: \_\_\_\_\_

Brief description of the equipment and facilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of agreement between the approved dental hygiene education program or parent university and the affiliated institution establishing the contractual relationship **must** accompany this application.

\_\_\_\_\_  
Signature of Dental Hygiene Dean/Program Director

\_\_\_\_\_  
Date

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.