



## LICENSURE BY CLINICAL EXAM - APPLICATION CHECKLIST

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please use this checklist to ensure you have all the required documents needed to process your application for a registered dental hygiene license.

- For applicant(s) who have completed the CDCA/WREB/CITA (ADEX) Mannequin Examination or Central Regional Dental Testing Service (CRDTS) clinical examination, you are encouraged to submit your application, upload required documents, and pay your application fees online through BreEZe at [www.breeze.ca.gov](http://www.breeze.ca.gov).
  - When uploading documents with your online application, documents must be submitted in .pdf format unless it is an image which can be submitted in .jpeg format.
  - Although encouraged to submit your application online through BreEZe, you may submit a hard copy paper application, required licensing documents, and application fee to: 2005 Evergreen Street, Ste. 1350, Sacramento, CA 95815. Fees must be paid to: DHBC and can be made via check, cashier's check or money order.

### APPLICATION TIPS

- Please read through this checklist entirely before submitting your application.
- The online BreEZe system only allows you **one opportunity** to upload your documents with your initial application. Therefore, you are encouraged to upload all your documents at that time. Failure to do so will result in a deficient application which will delay its processing. (You will be able to submit additional documents by email or hard copy only if necessary.)
- Unless requested, **DO NOT** send duplicates of required document(s) to the Board through various methods. (i.e. Uploaded through BreEZe, hard copy by mail and/or as an attachment by email.)
- By law, the Board has **90 days** to review an initial application. Applications are reviewed in the order they are received. **Please refrain from contacting the Board unless it has been more than six weeks since you have submitted your application.** If there is any action required for your application to continue to be processed, you will be contacted by the Board's Licensing Unit via email or mail. Contact the Board via email at [dhbcapplicantsinfor@dca.ca.gov](mailto:dhbcapplicantsinfor@dca.ca.gov).

### ALL DENTAL HYGIENE GRADUATES

- Disclose your full legal name - (*Last, First, Middle*). If you do not have a middle name, write "N/A" on both the paper application and online application. Failure to follow this direction may delay your application in getting processed.
- Include the Application Fee of \$200.00.
  - Online Applications: Pay the application fees with a credit card; Visa, MasterCard and

American Express are accepted.

- Paper Applications: Application Fee payment can be made via personal check, cashier's check or money order payable to "DHBC".

Copy of a Diploma or Graduation Certificate or Letter.  
If you are a recent graduate, you may submit a letter from the dental hygiene educational program director certifying completion of the program requirements and the actual date of graduation. The letter is REQUIRED to be written on school letterhead and MUST have the school's seal/stamp applied. Any illegible seals on the letter will not be accepted.

Proof of a **current** CPR Card approved by the American Heart Association (AHA), American Red Cross (ARC) or American Dental Association's Continuing Education Recognition Program (CERP).

For ALL Applicants - Proof of completion of an approved ADA Radiation Safety Course. Your dental hygiene program director must complete the [Out of State Radiation Safety Certification](#) form which must include a certification seal/stamp.

[Certification Form for Completion of ADA Radiation Safety Certification](#)

If applicable - If you completed the clinical and academic requirements for Interim Therapeutic Restoration and/or Dental Radiographic Decision-Making, please ensure you have submitted a letter from your dental hygiene educational program so that those permitted duties can be added to your license. This can be included in the graduation certificate.

National Board Dental Hygiene Examination (NBDHE) score. Please register your score with the American Dental Association and choose *California* so that the Board receives your score.

If Applicable - Clinical Examination Score Report

- WREB – Sealed Success Report
- CRDTS – Watermarked Score Report
- ADEX – Original Examination Score Report

If applicable, Remedial Education

- Submit an application for remedial education which is required, if:
  - You failed a clinical examination three times or more; or
  - Have imposed gross trauma on a patient during a clinical examination.
- [Remedial Education Information](#)

Fingerprints

- Live Scan – Copy of the completed live scan form.
  - [Live Scan Forms and Information](#)
- Hard Card – Request a hard card from DHBC and return when completed.
  - [Hard Card Information](#)

One (1) 2-inch x 2-inch Color Passport Photograph taken within the last 6 months.

- Online Application(s): Submit image in .jpeg or .pdf format.
- Paper Application(s): Attach photo on the space provided on the paper application.

If applicable, License Certification/Verification

Submit a certification/verification from **every** state where you have been issued a professional or vocational license; regardless of the current status of that license (i.e. Active, Expired, Cancelled, Revoked, etc.).

If applicable, Legal Name Change Documents

If you have had a legal name change you must include a Marriage License/Certificate, Divorce Degree, Naturalization Documentation, or other legal court order. **(A driver's license, ID card or social security card will not be accepted as legal proof of a name change).**

If applicable, Military Applicants

- If you are an active-duty military service member, have been honorably discharged from the U.S Armed Forces or are a spouse/domestic partner of an active-duty member of the U.S. Armed Forces you are eligible for an expedited review of your application, but the Board requires notification of this status to expedite the application.
- Once you have submitted an application online or by mail, contact the Board by email at [dhbcapplicantsinfo@dca.ca.gov](mailto:dhbcapplicantsinfo@dca.ca.gov) and in the subject line write "Military Applicant" and in the body of the email provide your full name, and if available a BreEZe file number and military documentation. (Do not send this email unless you have submitted your application.)
- Acceptable documentation to demonstrate your application status includes:
  - Active-Duty Orders of the military service member; or,
  - Honorable Military Discharge Documentation.
  - For military spouse/domestic partners – Proof of marriage or domestic partnership or legal union; and
  - If licensed in another state, provide proof of current Registered Dental Hygienist license.

If applicable, Business and Professions Code section 135.4: Refugees, asylees, and special immigrant visa holders; professional licensing; initial licensure process

- Business and Professions Code section 135.4 provides that the Board must expedite, and may assist, the initial licensure process for certain applicants if the following apply:
  - You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
  - You were granted asylum by the Secretary of Homeland Security of the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
  - 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.
- Once you have submitted an application online or by mail, contact the Board by

email at [dhbcapplicantsinfo@dca.ca.gov](mailto:dhbcapplicantsinfo@dca.ca.gov) and in the subject line write “BPC 135.4 Applicant” and in the body of the email provide your full name, and if available a BreEZe file number and required documentation. (Do not send this email unless you have submitted your application.) Acceptable documentation to demonstrate your application status includes:

- Form I-94, Arrival/Departure Record, with an admission class code such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the of “SI” or “SQ”.
- Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

If applicable, Special Accommodation Request

- [Special Accommodation Information](#)
- Submit Attachment A and Attachment B with your online or paper application. If you forget to submit the request with your application, you can submit your request by email to [dhbcapplicantsinfo@dca.ca.gov](mailto:dhbcapplicantsinfo@dca.ca.gov). In the subject line include “Special Accommodation Request”.

### **Out of State Dental Hygiene Graduates**

Original or copy of the original certification of completion of training in Soft Tissue Curettage, Local Anesthetic, and Nitrous Oxide & Oxygen (SLN) which meet State of California standards. Courses are only available in California - [SLN Course Information](#).

Or

You can submit an Certification of Out-Of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthetic, and Nitrous Oxide-Oxygen Analgesia (SLN).

[https://dhbc.ca.gov/formspubs/oos\\_sln\\_app.pdf](https://dhbc.ca.gov/formspubs/oos_sln_app.pdf)

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