



APPLICATION FOR LICENSURE REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE



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.

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: \$ 250.00 (Breakdown of fee - \$100 Application Fee, \$150 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

1. Name: Last			First			Middle		
2. Other Names/Aliases								
3. Social Security Number/Individual Taxpayer Identification Number						4. Birthdate (MM/DD/YYYY)		
5. Address of Record/Mailing Address* (*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)								
City				State			Zip Code	
6. Email Address (Required)								
7. Telephone Numbers (Required)								
Home			Cell			Work		

LICENSE HISTORY

8. California RDH License Number	Issue Date	Expiration Date	
9. Professional License or Certification History. Are you, or have you ever been licensed, certified, or otherwise registered in any manner in any state, country, or with any federal agency in any health care occupation?		*YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

**All license/certificates MUST be listed regardless of status.*

***List All Licenses and Certifications Below**

Type of Licensure	State or Country	License Number	Date of Licensure		Current Status of License (active, inactive, suspended, revoked, probation, other, explain.
			FROM	TO	

EDUCATION AND EXPERIENCE

10. Registered Dental Hygienist in Alternative Practice (RDHAP) Program Attended

Name of RDHAP Educational Program	Graduation Date	Address	Telephone number

11. Have you engaged in and completed in clinical practice as a dental hygienist for a minimum of 2,000 hours; immediately preceding 36 months from the date of the application? <i>*"Clinical practice" means the practice of dental hygiene in any setting allowed and under the supervision of law as defined in Business and Professions Code § 1922(a)(1).</i>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
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12a. Have you completed the bachelor's degree requirement? <i>*The successful completion of 120 Semester Units or 180 Quarter Units or a combination thereof shall be considered the equivalent of a bachelor's degree.</i>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SEMESTER UNITS	QUARTER UNITS	TOTAL UNITS

12b. Have you attached a copy of your diploma/official transcripts from a college or institution of higher education that is accredited by a national agency recognized by the Council for Higher Education Accreditation (successor to the Council on Post-Secondary Accreditation) or the United States Department of Education?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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13a. Have you attached a certificate of completion or diploma from an RDHAP educational program approved by the Board? <i>*If NO, answer 13b.</i>	YES <input type="checkbox"/>	*NO <input type="checkbox"/>
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13b. If you answered no to 13a – Have you attached a letter of acceptance into the employment utilization phase of the Health Manpower Pilot Project No. 155? <i>*Must have been done prior to June 1, 1997?</i>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MILITARY EXPEDITE

14. Are you serving in, or have you previously served in the United States Military? <i>*If "Yes", please see the application checklist for documentation required to expedite application review.</i>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
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15. 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? <i>*If "Yes", please see the application checklist for documentation required to expedite application review.</i>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
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REFUGEES, ASYLEES AND SEPCIAL IMMIGRANT VISA HOLDERS EXPEDITE

<p>16. Do any of the following statements apply to you?</p> <ul style="list-style-type: none"> • 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 or 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. <p><i>*If "Yes", please see the application checklist for documentation required to expedite application review. Failure to do so may result in application review delays.</i></p>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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.

<p>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></p>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>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?</p>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>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?</p>	*YES <input type="checkbox"/>	NO <input type="checkbox"/>

PHOTOGRAPH

<p style="text-align: center;">INSTRUCTIONS</p> <p>Photographs must be not more than 30 days old and must be of the head and shoulders only.</p> <p style="text-align: center;">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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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 and 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

INTERNAL OFFICE USE ONLY

RDHAP School:	Receipt #	\$ Amount:
Graduation Date:	File No.	
<input type="checkbox"/> DOJ <input type="checkbox"/> FBI	<input type="checkbox"/> Military <input type="checkbox"/> Photo	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Equivalency
<input type="checkbox"/> Out of State License <input type="checkbox"/> DDS <input type="checkbox"/> RDA/RDAEF		