



MEMORANDUM

DATE	November 6, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item No. 24.c.: Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1021 and 1028 Related to the Application for Licensure and Fee Requirements

Background and Discussion

Business and Professions Code (BPC) section 1632, subdivision (c), currently specifies that the Dental Board of California (Board) shall require each dentist license applicant to have taken and received a passing score on one of the following examinations: the Portfolio examination conducted while the applicant is enrolled in a dental school program; the clinical and written examination administered by the Western Regional Examining Board (WREB -- within five years prior to the date of their application for a license); or the clinical and written examination developed by the American Board of Dental Examiners, Inc. (ADEX -- within five years prior to the date of their application for a license). The American Board of Dental Examiners, Inc.'s ADEX examination was reviewed and adopted by the Board on November 15, 2019, for use as an examination for licensure.

Board regulations related to application for licensure as a dentist, California Code of Regulations (CCR), title 16, section 1028, was last substantively amended in 2014 and only refers to the WREB and Portfolio examination pathways. In addition, the regulation does not reflect changes in statutes, other regulations, and program recommendations for processing licensing applications that have occurred since 2014, including standards for denying an application based upon revised standards set forth in BPC section 480, requirements for collecting U.S. military service information, requirements for waiving the initial license and application fee for individuals married to or in a domestic partnership with an active duty member of the U.S. Armed Forces, or other requirements for expediting the licensure process (see BPC §§ 114.5, 115.4, 115.5 and 135.4).

Agenda Item 24.c.: Discussion and Possible Action to Initiate a Rulemaking to Amend CCR, Title 16, Sections 1021 and 1028 Related to the Application for Licensure and Fee Requirements
Dental Board of California Meeting
November 8-9, 2023

This proposal would amend CCR, title 16, section 1028 to conform the Board's examination application to these legal requirements. It would also make other process improvements for those applications most used by applicants (i.e., ADEX and WREB) using a narrative style to allow different methods of submission of the required information in lieu of the "form incorporated by reference" mandated in current regulation.

In addition, the \$400 fee collected for processing dentist license applications using ADEX or WREB, the primary pathways for Board licensure, does not reflect the actual costs of processing such applications by the Board. As a result, Board staff recommend that, consistent with the desk audits conducted by staff and reflected in Attachment 3, the Board increase its license application fee in CCR, title 16, section 1021, subsection (a), from \$400 to \$500 for those applicants qualifying via the WREB and ADEX pathways. BPC section 1724, subdivision (a), currently caps at \$1,000 the dentist licensure application fee using ADEX or WREB examination. The proposed \$100 increase would maintain the application for licensure fee well within the statutory fee cap.

Action Requested

The Board should review the proposed regulatory text and consider whether they would support it as written or if there are suggested changes to the proposed text. After review, the staff requests that the Board consider one of the following motions:

Motion A: (The Board has no suggested changes for the proposed regulatory text and Standards.) Approve the proposed regulatory text in Attachment 1 and submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, sections 1021 and 1028.

Motion B: (The Board has suggested changes for the proposed regulatory text and Standards.) Approve the proposed regulatory text in Attachment 1 with the following changes. (Describe the proposed changes to the proposed text). In addition, submit the approved text to the Director of the Department of Consumer Affairs and the Business,

Consumer Services and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, sections 1021 and 1028.

Attachments

- (1) Proposed Regulatory Text for California Code of Regulations, Title 16, Sections 1021 and 1028.
- (2) Proposed Repealer of Form Incorporated by Reference entitled "Application for Licensure to Practice Dentistry" (WREB) Form 33A-22W (Revised 11/06).
- (3) Table entitled "Dental Board of California, Licensure by Examination (CCR, Title 16, Section 1028) Licensing Workload (Costs)"

**TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

PROPOSED TEXT

Application for Licensure and Fee

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strikethrough~~ for deleted text.

Amend Sections 1021 and 1028 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the Board, and for other licensee, registrant, or applicant types specified below [FN**]:

- (a) Initial application for those applicants qualifying pursuant to Section 1632(c)(2)(A) or (B) of the Business and Professions Code (the Code) \$~~400~~500
- (b) Initial application for those applicants qualifying pursuant to Section 1634.1 of the Code \$800
- (c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) of the Code \$400
- (d) Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code \$525
- (e) Initial License \$650 [FN*]
- (f) Biennial License Renewal fee \$650
- (g) Biennial License Renewal fee for those qualifying pursuant to Section 1716.1 of the Code shall be one half of the renewal fee prescribed by subsection (f).
- (h) Delinquency fee--License Renewal--The delinquency fee for license renewal shall be the amount prescribed by Section 1724(f) of the Code.
- (i) Substitute Certificate \$50

(j) Application for an Additional Office Permit	\$350
(k) Biennial Renewal of Additional Office Permit	\$250
(l) Late Change of Practice Registration	\$50
(m) Fictitious Name Permit The fee prescribed by Section 1724.5 of the Code	
(n) Fictitious Name Permit Renewal	\$325
(o) Delinquency fee--Fictitious Name Permit Renewal. The delinquency fee for Fictitious Name Permits shall be one-half of the Fictitious Name Permit renewal fee	
(p) Continuing Education Registered Provider fee	\$410
(q) Application for General Anesthesia or Moderate Sedation Permit	\$524
(r) Application for Pediatric Minimal Sedation Permit	\$459
(s) General Anesthesia (for dentist and physician licensees) or Moderate Sedation Permit Renewal fee	\$325
(t) Pediatric Minimal Sedation Permit Renewal fee	\$182
(u) General Anesthesia or Moderate Sedation On-site Inspection and Evaluation fee	\$2,000
(v) Application for a Special Permit	\$1,000
(w) Special Permit Renewal	\$125
(x) Initial Application for an Elective Facial Cosmetic Surgery Permit	\$850
(y) Elective Facial Cosmetic Surgery Permit Renewal	\$800
(z) Application for an Oral and Maxillofacial Surgery Permit	\$500
(aa) Oral and Maxillofacial Surgery Permit Renewal	\$650
(ab) Continuing Education Registered Provider Renewal	\$325

(ac) License Certification	\$50
(ad) Application for Law and Ethics Examination	\$125
(ae) Application for Use of Oral Conscious Sedation of Adult Patients	\$459
(af) Adult Oral Conscious Sedation Certificate Renewal	\$168
(ag) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees)	\$532
(ah) Application for Pediatric Endorsement for Moderate Sedation Permit	\$532

[FN*]

Fee pro-rated based on applicant's birth date.

[FN**]

Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the Code.

NOTE: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1646.2, 1646.6, 1647.3, 1647.8, 1647.20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

§ 1028. Application for Licensure.

(a) An applicant for licensure as a dentist qualifying pursuant to Section 1632(c)(1) of the Code shall submit an “Application for Licensure to Practice Dentistry” (WREB) Form 33A-22W (Revised 11/06), which is hereby incorporated by reference, or “Application for Determination of Licensure Eligibility (Portfolio)” Form 33A-22P (New 11/2014), which are is hereby incorporated by reference. The application shall be accompanied by information related to determining qualifications for expedited processing of their application as set forth in paragraphs (6)-(10) of subsection (b), and the fee required by Section 1021 unless the applicant qualifies for a waiver of the fee as described in paragraph (8) of subsection (b).

(b) ~~Applications for licensure shall be accompanied by~~ An applicant for licensure as a dentist qualifying pursuant to Section 1632(c)(2)(A) or (B) of the Code shall submit a completed application as specified in this subsection and meet the other applicable

requirements of this section to qualify for licensure. A completed application shall include the following information and fees:

(1) The application and examination(s) fees as set by Section 1021 unless the applicant meets the requirements for waiver of the fee specified in paragraph (8);

(2) For applicants who have been issued a degree or diploma from a foreign dental school, Satisfactory evidence that the applicant has met all applicable requirements as specified in either subdivisions (d) or (e) of Sections 1628 and 1632 of the Code;

(3) The applicant shall furnish two classifiable sets of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the Board to conduct a criminal history record check in accordance with subsection (e). The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check as set forth in subsection (e);

(4) Where applicable, a record of any previous dental practice and certification from the applicant's licensing entity or jurisdiction of containing the applicant's license number, date of issue, and license status in each state or jurisdiction in which licensure as a dentist has been attained;

(5) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)),

(B) Other name(s) applicant has used or has been known by,

(C) Applicant's physical address,

(D) Applicant's social security number, address of residency, mailing address if different from the applicant's physical address of residency. The mailing address may be a post office box number or other alternative address,

(E) Applicant's email address, if any,

(F) Applicant's date of birth, telephone number(s),

(G) Applicant's Social Security Number or Individual Taxpayer Identification Number, and

(H) Applicant's birthdate (month, date, and year), and gender of applicant;

(6) Whether the applicant is serving in, or has previously served in, the United States military;

(7) Whether the applicant is seeking expedited processing of their application based on being an honorably discharged member of the Armed Forces of the United States, pursuant to section 115.4 of the Code. If the answer is “yes”, the applicant shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge;

(8) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. If the answer is “yes”, they shall provide the following documentation with the application to receive expedited review and a fee waiver per 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States,

(B) A copy of the applicant’s current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner’s duty station in California;

(9) Whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of title 8 of the United States Code, or,

(C) 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].

(10) If the applicant answers “yes” to the question in paragraph (9), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) 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,

(B) Special Immigrant Visa that includes the “SI” or “SQ”,

(C) 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, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code;

(11) Information as to whether the applicant is currently registered with the federal Drug Enforcement Administration (DEA) to prescribe or dispense controlled substances. If the applicant answers “yes,” the applicant shall provide their DEA registration number;

~~(6)12~~ Information as to whether the applicant has ever taken the California Law and Ethics written examination;

~~(7)13~~ Any request for accommodation pursuant to the Americans with Disabilities Act;

~~(8) A 2-inch by 2-inch passport style photograph of the applicant, submitted with the “Application for Licensure to Practice Dentistry (WREB)” Form 33A-22W (Revised 11/06), or “Application for Determination of Licensure Eligibility (Portfolio)” Form 33A-22P (New 11/2014);~~

~~(9)14~~ Information regarding the applicant's education including dental education and postgraduate study, if applicable. This information shall include the name(s) and location(s) of institution(s) attended, periods of attendance (showing dates listed by month and year), the type of degree or diploma granted, and the date such degree or diploma was granted.;

~~(40)15(A)~~ A document containing an acceptable C certification meeting the requirements of this paragraph from the dean of the qualifying dental school attended by the applicant to certify the date the applicant graduated. An acceptable certification shall include:

(i) The name of the dental school,

(ii) The date the applicant first enrolled in the school's educational program,

(iii) The applicant's years of attendance,

(iv) The date the applicant completed the clinical and didactic requirements of the educational program and graduated,

(v) The type of degree granted to the applicant by the dental school,

(vi) A statement, signed and dated by the dean of the dental school, stating that they hereby certify that the information provided in this certification is true and correct, and,

(vii) The seal of the dental school.

(B) An acceptable certification must be either sent to the Board by the applicant or dental school by mail to the attention of the Board's Licensing and Examination Unit at the Board's office, or electronically scanned and emailed to the Board directly by the dental school to DentalBoard@dca.ca.gov. Certifications sent by mail to the Board must contain an original signature and original seal of the dental school on the document itself; copies will not be accepted;

~~(11) Information regarding whether the applicant has any pending or had in the past any charges filed against a dental license or other healing arts license;~~

~~(126) Excluding actions based upon the applicant's criminal conviction history, information regarding any prior disciplinary action(s) taken against the applicant within the preceding seven years from the date of their application regarding any dental license or other healing arts license held by the applicant including actions by the United States Military, United States Public Health Service, DEA, or other federal government entity. "Disciplinary action" includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If an applicant answers "yes", he or she the applicant shall provide the date of the effective date of disciplinary action, the state where the discipline occurred, the date(s), charges convicted of proven, disposition, and any other information requested by the Board;~~

~~(137) Excluding investigations related to the applicant's criminal conviction history, information as to whether the applicant is currently the subject of any pending investigation by any governmental entity. If the applicant answers "yes," the applicant he or she shall provide any additional information requested by the Board if known or reasonably available to the applicant, including the date the pending~~

investigation was initiated, the name of the licensing entity or jurisdiction, and a description of the allegations that are still pending at the time of application;

(148) Excluding denials based upon the applicant’s criminal conviction history, information regarding any instances in which the applicant was denied a dental license or DEA permit, denied permission to practice dentistry, or denied permission to take a dental board examination. If the applicant answers “yes”, he or she the applicant shall provide the state or country where the denial took place, the date of the denial, the reason for denial, and any other information requested by the Board;

(159) Excluding surrenders based upon the applicant’s criminal conviction history, information as to whether the applicant has ever surrendered a license to practice dentistry in another state or country. If the applicant answers “yes,” additional information shall be provided including state or country of surrender, date of surrender, reason for surrender, and any other information requested by the Board;

~~(16) Information as to whether the applicant is in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code;~~

~~(1720) A certification, under the penalty of perjury, by the applicant that the information on the application is true and correct.~~

~~(c) In addition to complying with the applicable provisions contained in subsections (a) through (b) above, an applicant submitting an “Application for Licensure to Practice Dentistry” (WREB) Form 33A-22W (Revised 3/23/11/06), for licensure as a dentist who seeks to qualify upon passage of Western Regional Examining Board (“WREB”) examination shall also furnish evidence of having successfully passed on or after January 1, 2005, the WREB examination within five years prior to the date of their application.~~

(d) In addition to complying with the applicable provisions contained in subsection (b) above, an applicant for licensure who seeks to qualify upon passage of the American Board of Dental Examiners, Inc.’s (CDCA-WREB-CITA) “ADEX” examination shall also authorize the CDCA-WREB-CITA to provide the Board the applicant’s cumulative score report showing the applicant’s name, test date, the examination taken, and that the applicant passed all portions of the examination as evidence of having successfully passed, on or after November 15, 2019 and within five years prior to the date of their application, the ADEX examination. The applicant shall sign any release, waiver, or consent forms required by CDCA-WREB-CITA to authorize the release and submission of their cumulative score report to the Board. Receipt by the Board of the cumulative score report meeting the requirements of this section shall be deemed compliance with the examination requirements of Section 1632(c)(2) of the Code.

(e) Fingerprinting Requirements. All applicants shall have met the fingerprinting requirements of this subsection prior to issuance of a license to practice dentistry.

(1) Subject to paragraph (3), all applicants shall submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form "Request for Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(2) Each applicant shall take the completed Request for Live Scan Service form to a Live Scan location to have their fingerprints taken by the operator. The applicant shall pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks and Live Scan locations, please visit the Office of the Attorney General website at: <https://oag.ca.gov/fingerprints>.

(3) Applicants residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency in their state of residence, using fingerprint cards. Applicants shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order, or certified check), payable to the "Dental Board of California," to:

Dental Board of California
Attention: Licensing and Examination Unit
2005 Evergreen St., Suite 1550
Sacramento, CA 95815

(df) In addition to complying with the applicable provisions contained in subsections (a) through (b) above, an applicant submitting an "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014) shall also furnish certification from the dean of the qualifying dental school attended by the applicant to certify the applicant has graduated with no pending ethical issues;

(eg) An "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014) may be submitted prior to graduation, if the application is accompanied by a certification from the school that the applicant is expected to graduate. The Board

shall not issue a license, until receipt of a certification from the dean of the school attended by the applicant, certifying the date the applicant graduated with no pending ethical issues on school letterhead.

(1) The earliest date upon which an applicant~~candidate~~ may submit their portfolio for review by the ~~B~~Board shall be within 90 days of graduation. The latest date upon which an applicant~~candidate~~ may submit their portfolio for review by the ~~B~~Board shall be no more than 90 days after graduation.

(2) The applicant~~candidate~~ shall arrange with the dean of ~~his or her~~the applicant's dental school for the school to submit the completed portfolio materials to the Board.

(3) The Board shall review the submitted portfolio materials to determine if it is complete and the applicant~~candidate~~ has met the requirements for Licensure by Portfolio Examination.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 30, 31, 114.5, 115.5, 135.4, 480, 1628, 1628.5 1629 and 1632, Business and Professions Code.



APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (WREB)

FEES

Application Fee: \$100.00
 Fingerprint Fee: \$51.00
 (Livescan applicants pay fee at time of service)

ALL FEES ARE NON-REFUNDABLE

For Office Use Only

ATS# _____
 REC# _____
 Fee Pd _____
 Date Cashiered _____

For Office Use Only

Received

QM _____	Reviewed By: _____	FP _____	DC _____
Conf Sent _____	WREB score _____	NB _____	LC _____
Def Sent _____	CBT _____	SCH _____	Law P/F _____
DOJ _____	Notify _____	CODE _____	Ethics P/F _____
ATI _____	FBI _____	YG _____	
	ENF _____		

For Office Use Only

(Please type or print neatly)

1. LEGAL NAME: LAST _____ FIRST _____ MIDDLE _____ U.S. Social Security Number _____

2. List other names you have used: _____

3. Address: Street _____ City _____ State _____ Zip Code _____

4. Mailing Address: Street _____ City _____ State _____ Zip Code _____

5. Birthdate MM/DD/YR _____ Sex _____ TELEPHONE NUMBER _____
 Male Female Day _____ Evening _____

6. Do you have a certified disability or condition that requires special accommodations for testing? YES NO
 If yes, fax the Board for a "REQUEST FOR ACCOMODATION" packet.

7. Have you previously taken the California Law and Ethics Examination? YES NO

8. Have you ever been issued a dental license in any State or Country? YES NO
 If yes, a Certification of License must be submitted for each State/country

STATE OR COUNTRY	LICENSE NUMBER	ISSUE DATE
_____	_____	_____

Passport style Photograph

TAPE PHOTO
HERE

9. DENTAL EDUCATION:

Name and Location of institution(s) attended

Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted

DATE GRANTED _____

D.D.Sc.

D.D.S.

D.M.D.

Other (please specify) _____

10. POSTGRADUATE STUDY:

Name and Location of Institution(s) attended

Period(s) of attendance (show dates MM/YYYY)

Are you a Diplomate? YES NO

Name of Specialty Board

11. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HERE BY CERTIFY THAT _____

Full Name of Student

matriculated in the _____

Name of University

Dental College the _____ day of _____ and attended _____ years,

Has completed the clinic and didactic requirements and

HAS GRADUATED, OR WILL GRADUATE OR IS EXPECTED TO GRADUATE* with the

Degree of D.D.Sc., D.D.S., D.M.D. on the _____ day of _____

(SEAL OF
COLLEGE OR
UNIVERSITY)

SIGNATURE OF DEAN

***The Dean must certify actual graduation, if certification is signed that applicant will graduate or is expected to graduate. Certification must be completed on official school letterhead including the Dean's signature and seal of the Dental School.**

12. Do you have any pending or have you ever had any disciplinary action taken or changes filed against a dental license or other healing arts license? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal government entity Yes

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action. No

13. Are there any pending investigations by any State or Federal agencies against you? Yes

If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s). No

14. Have you ever been denied a dental license or permission to take a dental examination? Yes

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s). No

15. Have you ever surrendered a license, either voluntarily or otherwise? Yes

If yes, provide a detailed explanation and a copy of all documents relating to the surrender. No

16. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the Code? Yes

If yes, provide a detailed explanation. No

17. With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? Yes

"Conviction" includes a plea of no contest and any conviction that been set aside pursuant to Section 1203.4 of the Penal code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code. No

If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).

19. Executed in _____, on the _____ Day of _____, 20____
City

I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

Important Information: You must report to the Board the results of any actions which have been filed or were pending against any dental license you hold at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480 (c) of the Business & Professions Code.

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, 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. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

**Dental Board of California
Licensure By Examination (CCR 1028)
Licensing Workload (Costs)**

Workload Tasks	Per Application	Minutes per Application	MST	SSA	AGPA	SSMI
Receive Application and assign to staff	1	15	0	0	15	0
Process Application/Communicate Deficiencies to Applicant	1	75	0	75	0	0
Respond to Inquiries	1	60	0	60	0	0
Confirm Completeness of Application and Background Checks	1	60	0	60	0	0
Final Review	1	30	0	0	0	30
Cashiering and Data Entry	1	20	20	0	0	0
Issuing License	1	30	0	30	0	0
Minutes per Classification:			20	225	15	30
Hours per Classification:			0.3	3.8	0.3	0.5
Costs per Classification:			\$28	\$372	\$35	\$65
Total Costs:			\$500			

MST: Management Services Technician - \$94 per hour (includes benefits, OE&E and DCA distributed administration)

SSA – Staff Services Analyst \$98 per hour (includes benefits, OE&E, and DCA distributed administration)

AGPA - Associate Governmental Program Analyst - \$118 per hour (includes benefits, OE&E, and DCA distributed administration)

SSMI: Staff Services Manager I - \$129 per hour (includes benefits, OE&E, and DCA distributed administration)