



APPLICATION TO ESTABLISH ELIGIBILITY FOR LICENSURE BY CREDENTIAL (LBC)

FEES

Application Fee: \$525.00
 Fingerprint Fee: \$49.00
 (Live Scan fee is paid at time of service)

APPLICATION FEES ARE NON-REFUNDABLE

For Office Use Only

Rec # _____

Fee Pd _____

Date Cashiered _____

Entity # _____

File # _____

For Office Use Only

Date Received

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):
3. LEGAL NAME: LAST	FIRST
4. LIST ANY OTHER NAMES USED:	
5. MAILING ADDRESS:	
6. EMAIL ADDRESS:	
7. TELEPHONE (INCLUDING AREA CODE):	
WORK:	HOME:
8. GENDER: MALE	FEMALE
9. ALL APPLICANTS ARE REQUIRED TO INCLUDE A 2-INCH BY 2-INCH COLOR PASSPORT STYLE PHOTO.	
ATTACH PHOTO HERE	

10. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:

Yes

- 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 THE 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 IRAQUI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT.

No

IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER. FAILURE TO DO SO MAY RESULT IN APPLICATION REVIEW DELAYS.

ACCEPTABLE DOCUMENTATION

- 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 "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.

11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES?

Yes

No

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

NOTE: IF YOU MEET MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION (YOU MAY BE ASKED TO SUBMIT ORIGINAL DOCUMENTATION):

- CERTIFICATE OF MARRIAGE OR 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 THIS STATE UNDER OFFICIAL ACTIVE DUTY MILITARY ORDERS.
- VERIFICATION OF CURRENT LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES IN THE PROFESSION OF VOCATION FOR WHICH YOU ARE SEEKING LICENSURE.

12. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?

Yes

No

MILITARY HONORABLE DISCHARGE REQUIREMENTS

NOTE: IF YOU MEET THE U.S. ARMED FORCES EXPEDITE REQUIREMENT, PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION:

- DD214 OR OTHER SUPPORTING DOCUMENTATION.

13. List state(s) in which you are, or have ever been, licensed to practice dentistry. You must have at least one active, current license to practice dentistry.			Dates of practice in licensing agency's jurisdiction.	
State	License Number	Date of Issue	From (Mo/Yr)	To (Mo/Yr)

NOTE: See Instructions for ordering a certification of licensure from each state where you have been licensed.

14. CLINICAL PRACTICE AND/OR SUBSTITUTE REQUIREMENTS –B&P 1635.5 (a)(1)
See Instructions for required documentation. Select only one box below:

- Clinical practice
- Residency + Clinical Practice
- Pending contract for clinical practice
- Pending contract for faculty practice

15. DENTAL EDUCATION:

Name and location of institution attended	Period of attendance (Show exact inclusive dates)	Degree, Diploma granted and date
		D.D.Sc. D.M.D. D.D.S. Other(specify) _____ Year degree awarded: _____

16. Have you taken and failed the California licensure examination or the Western Regional examination within five years of the date of this application?	Yes	No
17. Are you currently awaiting the results after having taken the California licensure examination or the Western Regional examination?	Yes	No
18. CONTINUING EDUCATION: Provide copies of certificates of completion. Do not send originals. See Instructions for requirements.	Yes	No
19. Are you currently the subject of any investigation by any government entity? If yes, provide a detailed explanation of circumstances surrounding the investigation.	Yes	No
20. Have you ever been denied license or permission to take a dental examination? If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).	Yes	No
21. Have you ever had charges filed against a dental license that you currently hold or held in the past, including charges that are still pending? If yes, provide detailed explanation and a copy of the documents relating to the filing of charges.	Yes	No
22. Have you ever had any disciplinary actions taken against a dental license or healing arts license? If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action. 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.	Yes	No
23. Have you ever surrendered a dental license, either voluntary or otherwise? If yes, provide a detailed explanation and a copy of the document(s) relating to the surrender.	Yes	No
24. Have you ever been the subject of a malpractice settlement or judgment? If yes, provide a detailed explanation of the circumstances and outcomes relating to the malpractice settlement or judgment. You may be required to provide additional information after review of your explanation. IMPORTANT REQUIREMENT: If a disciplinary action is filed against any license you currently hold pending the Board's decision on this application for a dental license, you must notify the Board in writing within 48 hours.	Yes	No
25. Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)? If yes, enter DEA number: _____	Yes	No
26. Has permission from the DEA to prescribe controlled substances ever been suspended, revoked or denied? If yes, provide a detailed explanation of the circumstances and a copy of the document(s).	Yes	No

27. DECLARATION:

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.

MY SIGNATURE ON THIS APPLICATION, OR COPY THEREOF, AUTHORIZES THE NATIONAL PRACTITIONER DATA BANK AND THE FEDERAL DRUG ENFORCEMENT AGENCY TO RELEASE ANY AND ALL INFORMATION REQUIRED BY THE DENTAL BOARD OF CALIFORNIA.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA AND AUTOMATIC FORFEITURE OF MY CALIFORNIA DENTAL LICENSE, IF ONE IS ISSUED, THAT THE INFORMATION I PROVIDED TO THE BOARD IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

EXECUTED IN _____, ON THE _____ DAY OF _____, 20_____.

SIGNATURE OF APPLICANT

DATE SIGNED

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.