



## DHCC Clinical Examination Application

**Total Fees Due - \$575**

Application Fee - \$50  
 Examination Fee - \$525

Write in month and check which exam location you are applying for:

_____ Month/Year	<input type="checkbox"/> San Francisco <input type="checkbox"/> Los Angeles
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OFFICIAL USE ONLY			
Rec. # _____	File # _____	QM _____	
Sign: _____	Seal: _____	Dean: _____	Pic: _____
School: _____	Grad dt: _____	SS: _____	
O/S: _____			
STC <input type="checkbox"/>	LA <input type="checkbox"/>	NO <input type="checkbox"/>	Xray <input type="checkbox"/> NB: _____
Spec Accom: _____			
DOJ _____		FBI _____	

ALL FEES ARE NON-REFUNDABLE

1. \*SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year

2. LAST NAME \_\_\_\_\_

3. FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

Other Names used \_\_\_\_\_  
You must provide legal documentation in order to change your name. Acceptable forms of legal documentation are marriage certificate, birth certificate, divorce decree, naturalization paper or court order; NOT Driver's License, ID card or SS cards

4. ADDRESS \_\_\_\_\_ Apt. or Unit#: \_\_\_\_\_

5. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

6. EMAIL ADDRESS: \_\_\_\_\_

7. TELEPHONE NUMBERS: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

8. RE-APPLICATION. I last took the examination on : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Year

Name at time of previous application \_\_\_\_\_  
(if not same as above)                      Last Name                      First Name                      Middle Name

9. The following **MUST BE COMPLETED BY THE DENTAL HYGIENE PROGRAM DIRECTOR:**

I HEREBY DECLARE under penalty of perjury under the laws of the State of California that

\_\_\_\_\_ **matriculated** in the below-named  
(full legal name of applicant)

Dental hygiene program on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, and attended \_\_\_\_\_ years, and  
**graduated or is** expected to graduate (circle graduated or expected to )

with a  **Degree**  **Diploma** in Dental Hygiene on \_\_\_\_\_  
Month/Day/Year

Stamped seal )  
of college or )  
institution )

\_\_\_\_\_  
**SIGNATURE OF DEAN OR AUTHORIZED OFFICIAL**      **Date of Signature**

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

Program Director Phone #: (\_\_\_\_\_) \_\_\_\_\_

**YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS, AND PROVIDE ANY DETAILS REQUESTED, OR YOUR APPLICATION WILL BE REJECTED AND RETURNED.**

**10. 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?**

If the answer is "Yes", you **MUST** provide the following documentations:  **Yes**  **No**

- Proof of "Active Duty Orders" of the member.
- Proof of marriage, domestic partnership or legal union.
- Proof of current "Registered Dental Hygienist" license in another State, District or territory of the United States. *Pursuant to B&P Code section 115.5*

**11 (a). Have you taken a clinical examination where you imposed a Gross Trauma on a patient?**  **Yes**  **No**  
*Pursuant to B&P Code section 1917.3*

**11 (b). Have you taken and failed a dental hygiene clinical examination three times?**  **Yes**  **No**  
If the answer is "Yes", on 11(a) or 11(b) you must provide proof of successful completion of remedial education.  
*Pursuant to B&P Code section 1917.3*

**12. Are you currently, or have you in the last two years, engaged in the illegal use of controlled dangerous substances?** **YES**  **NO**   
(If the answer is "Yes", you **MUST** provide complete details on the last page.)

**16. Space for additional answers to Application questions (list the number of the question being answered):**

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**(Attach a separate page if needed)**

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**NOTICE:** Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

**Notice of Collection of Personal Information**

**Collection and Use of Personal Information.** The Dental Hygiene Committee 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 Committee 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 Committee cannot consider your application for licensure unless you provide all of the required information.

**Access to Personal Information.** You may review the records maintained by the Committee 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.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(c) authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure 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 Social Security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess \$100 penalty against you.

**Contact Information.** For questions about this notice or access to your records, you may contact the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 1050 Sacramento, CA 95815, 916-263-1978. For questions about Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 915 Capitol Mall, Suite 200, Sacramento, CA 95814, (866) 785-9663 or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov)

13. Have you ever been convicted of, pled guilty, or pled nolo contendere to any criminal offense, other than a minor traffic violation in any state, the United States, or a foreign country? Applicants must report any convictions or pleas of nolo contendere even if a subsequent order was issued which expunged or dismissed the criminal record under the provisions of section 1203.4 of the Penal Code. Applications may be denied for knowingly falsifying an application pursuant to section 480(c) of the Business and Professions Code. YES  NO

(If the answer is "Yes", on the last page you MUST provide the section of law violated, the nature/circumstances relating to the violation, the location and date of the violation, the penalty or disposition including a certified copy of the Judgment of conviction, and any evidence of rehabilitation.)

14. Have you ever applied for or been licensed to practice dental assisting, dental hygiene, dentistry, or any other health profession in any state or foreign country? YES  NO

If the answer is "Yes", you MUST provide a license certification from the State(s) including California where you held or ever held a license regardless of the status and you MUST complete all of the following. If you have held more than one license, copy this page and complete for each license. This includes RDA licensure in CA.

- a. Type of Practice: \_\_\_\_\_ License Number: \_\_\_\_\_  
State/Country: \_\_\_\_\_
- b. Was your application ever denied?  YES  NO  
(If "Yes", you MUST give complete details on next page.)
- c. Was your license ever revoked or otherwise disciplined?  YES  NO  
(If "Yes", you MUST give complete details on next page.)
- d. Is the license presently valid?  YES  NO  
(If "No", you MUST give complete details on next page.)

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15. EXECUTION OF APPLICATION -- ALL APPLICANTS MUST READ, SIGN AND DATE

I am the applicant for examination for licensure as a Registered Dental Hygienist. 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 foregoing is true and correct.

Signed in \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.  
city and state day month year

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SIGNATURE OF APPLICANT