

APPLICATION FOR REGISTRATION OF A MOBILE DENTAL HYGIENE CLINIC (MDHC)

Business & Professions Code (BPC) sections 1926.1, 1926.2, and 1944 and
California Code of Regulations (CCR) Title 16, Division 11 section 1116.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the “N/A” box. Failure to do so will cause a delay in processing your registration/renewal. Please type or print legibly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY THIS APPLICATION.

REGISTRATION FEE FOR INITIAL APPLICANTS: \$100
BIENNIAL RENEWAL FEE FOR MDHC REGISTRATION: \$160

Payment must be made by personal check, cashier’s check, business check, or
money order and must be made payable to “DHBC”.

MDHC OWNER INFORMATION

*Note: The registration information provided in questions 1 and 2 will be used to establish the
expiration date of the registration and will be the point-of-contact for this application.

<u>1a. Last Name</u>		<u>1b. First Name</u>		<u>1c. Middle Name</u>	
<u>2a. RDHAP License Number:</u>		<u>2b. RDH License Number:</u>		<u>2c. Social Security Number/Individual Taxpayer Number:</u>	
<u>3a. Registered Fictitious Name:</u> <input type="checkbox"/> N/A				<u>3b. Fictitious Name Permit Number:</u> <input type="checkbox"/> N/A	
<u>4. Type of Registration:</u> <input type="checkbox"/> New Registration <input type="checkbox"/> Registration Renewal					
<u>MDHC Registration Number, if renewal:</u> _____					

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP*(REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).

The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Physical Address of Record (Number and Street) (including apartment number, if applicable)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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<u>6. Email Address</u>	<u>7. RDHAP's Contact Number</u>
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ADDRESS OF RECORD/MAILING ADDRESS FOR MDHC* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).

The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

8. Physical Address of Record (Number and Street) (including apartment number, if applicable)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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<u>9. MDHC's Email Address</u>	<u>10. MDHC's Contact Number</u>
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MDHC REQUIREMENTS

11. Does the MDHC's owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC as required by CCR section 1116?

YES*

NO

*If YES, provide a copy (**labeled as Exhibit 1**). For renewals, attach a copy if the written procedure has changed from initial registration. If no changes have been made check this box: N/A

**The procedure shall include arrangements for treatment by a licensed dentist or physician whose place of practice is established within the city or county in which the MDHC provides or intends to provide dental hygiene services.

MDHC REQUIREMENTS

<p><u>12. Does the MDHC’s owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to section 1117?</u></p> <p><u>*If YES, provide a copy (labeled as Exhibit 2) of your completed “Documentation of Registered Dental Hygienist In Alternative Practice (RDHAP) Relationship with Dentist” (form RDHAP-01 (07-2021) with this application as set forth in CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> <u>YES*</u>	<input type="checkbox"/> <u>NO</u>
<p><u>13. Does the MDHC owner have telephone service for the MDHC that it can access twenty-four (24) hours per day that enables the owner or any provider of dental hygiene services to contact emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members, in the event of a medical or dental emergency?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>14. Is there a telephone number where patients are able to contact the MDHC’s owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>15. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>16. Will the owner comply with all state and local laws and ordinances regarding business licensing and operations?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>17. Will the MDHC owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code?</u></p> <p><u>*A copy of each current license and permit shall be submitted with the application to include a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code. If yes, provide copies and label as Exhibit 3.</u></p>	<input type="checkbox"/> <u>YES*</u>	<input type="checkbox"/> <u>NO</u>
<p><u>18. Does the MDHC’s radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Subchapter 4, Ch. 5, §§ 30100 and following)?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>

MDHC REQUIREMENTS

<p><u>19. Does the driver of the MDHC possesses a current, active and unrestricted California driver's license?</u></p> <p><u>*If YES, please provide the Name of the Driver, Driver's License Number and Date of Expiration here:</u></p> <p>Name of Driver: _____</p> <p>Driver License #: _____ Expiration Date: _____</p>	<input type="checkbox"/> <u>YES*</u>	<input type="checkbox"/> <u>NO</u>
<p><u>20. The MDHC owner acknowledges receiving notice that the MDHC must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient for a minimum of seven years (see CCR section 1116 for the minimum MDHC operating standards).</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>21. Does the MDHC's owner use infection control equipment and follow infection control procedures according to the requirements of CCR section 1005?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>22. Does the MDHC comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §164.302 et seq, with respect to the patient's "Protected Health Information (PHI)"?</u></p> <p><u>For the purposes of this question, PHI, as defined in section 1320d of Title 42 of the United States Code, includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>23. Is the MDHC readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. Sec. 12101, et seq.), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>24. Does the MDHC have access to a sufficient water supply to meet patients' health and safety needs* at all times, including hot water?</u></p> <p><u>*Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. Sec. 300f et seq.)</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>25. Does the MDHC have access to toilet facilities available to staff and the patients of the MDHC?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>26. Does the MDHC have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>27. Does the MDHC have a working Automated External Defibrillator (AED)?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>

MDHC REQUIREMENTS

28. Does the MDHC have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support?

YES

NO

ACKNOWLEDGEMENT

29. Have you reviewed BPC sections 1926.1, 1926.2, and 1944, and CCR sections 1116 and 1117? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.

YES

NO

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the registration hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the foregoing registration application and that all information, statements, attachments, 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 REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

APPLICANT'S 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 1926.1 and 1926.2, and Title 16, California Code of Regulations Section 1116. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for registration and to 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 registration 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 7921.000 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 registration 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 the Executive Officer as follows:

Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY

<u>Date Received:</u>	<u>Receipt #:</u> <input type="checkbox"/> <u>Initial</u> <input type="checkbox"/> <u>Renewal</u>	<u>\$ Amount:</u>
<u>File #:</u>	<u>Registration #:</u>	<u>RDHAP Lic. Exp. Date:</u>
<u>Date Issued:</u>	<u>Analyst:</u>	

PHYSICAL FACILITY REGISTRATION/RENEWAL FOR REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs)

Business & Professions Code (BPC) sections 1905, 1906, 1926.3, 1926.4, and 1944, and California Code of Regulations (CCR) Title 16, Division 11 section 1116.5.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the “N/A” box. Failure to do so may cause a delay in processing your registration/renewal. Please type or print neatly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY APPLICATION

NO FEE FOR PRIMARY PHYSICAL FACILITY OR PORTABLE EQUIPMENT REGISTRATION

REGISTRATION FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: \$160

RENEWAL FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: \$250

Payment must be made by personal check, cashier’s check, business check, or money order and must be made payable to “DHBC”.

RDHAP INFORMATION

*Note: The registration information provided in questions 1 and 2 will be used to establish the expiration date of the registration and will be the point-of-contact for this application.

<u>1a. Last Name</u>		<u>1b. First Name</u>		<u>1c. Middle Name</u>	
<u>2a. RDHAP License Number</u>		<u>2b. RDH License Number</u>		<u>2c. Social Security Number/Individual Taxpayer Number:</u>	
<u>3a. Registered Fictitious Name:</u> <input type="checkbox"/> N/A				<u>3b. Fictitious Name Permit Number:</u> <input type="checkbox"/> N/A	
<u>4. Type of Registration (check all that apply):</u>					
<input type="checkbox"/> <u>New Registration</u>		<input type="checkbox"/> <u>Renewal - Facility #</u>			
<input type="checkbox"/> <u>Portable Equipment</u>		<input type="checkbox"/> <u>Primary Office Facility</u>		<input type="checkbox"/> <u>Additional Office Facility</u>	

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC 1902.2 and Government Code section 7922.530(a)).

The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Number and Street (including apartment number, if applicable):

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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<u>6. Email Address</u>	<u>7. RDHAP Contact Number</u>
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ADDRESS OF PHYSICAL FACILITY* (REQUIRED)

*The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

8. Number and Street (including suite number, if applicable)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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<u>9. Physical Facility's Email Address</u>	<u>10. Physical Facility's Contact Number</u>
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PHYSICAL FACILITY REQUIREMENTS

11. Does the physical facility's owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or during use of portable equipment as required by CCR section 1116?

YES*

NO

*Provide a copy (labeled as Exhibit 1) if initial registration or written procedure has changed from initial registration. If no changes have been made check this box: N/A

**The procedure shall include arrangements for treatment in a dental facility which is established within the city or county in which the RDHAP owner or provider provides dental hygiene services.

PHYSICAL FACILITY REQUIREMENTS

<p><u>12. Does the physical facility's owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to section 1117?</u></p> <p><u>*If yes, provide a copy (labeled as Exhibit 2) of your completed "Documentation of Registered Dental Hygienist in Alternative Practice (RDHAP) Relationship with Dentist" (form RDHAP-01 (07-2021) with this application as set forth in CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> <u>YES*</u>	<input type="checkbox"/> <u>NO</u>
<p><u>13. Is there a telephone number where patients are able to contact the physical facility's owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>14. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>15. Will the owner comply with all state and local laws and ordinances regarding business licensing and operations?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>16. Will the physical facility owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the physical facility including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code.</u></p> <p><u>*A copy of each current license and permit shall be submitted with the application to include a local or county business license, a county building permit, a fictitious name permit as provided in Section 1962 of the BPC, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code. Provide copies and label as Exhibit 3.</u></p>	<input type="checkbox"/> <u>YES*</u>	<input type="checkbox"/> <u>NO</u>
<p><u>17. Does the physical facility's radiographic operator comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Subchapter 4, Ch. 5, §§ 30100 and following)?</u></p> <p><u>*Not applicable to Portable Equipment Registration. If registering portable equipment check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>18. The RDHAP owner acknowledges receiving notice that the physical facility must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient a minimum of seven years (see CCR section 1116.5 for the minimum physical facility operating standards).</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>

PHYSICAL FACILITY REQUIREMENTS

<p><u>19. Does the physical facility's owner use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>20. Does the physical facility comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §164.302 et seq, with respect to the patient's "Protected Health Information (PHI)"?</u></p> <p><u>For the purposes of this question, PHI, as defined in section 1320d of Title 42 of the United States Code, includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>21. Is the physical facility readily accessible to and usable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. Sec. 12101, et seq.), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36?</u></p> <p><u>*Not applicable to Portable Equipment Registration. If registering portable equipment check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>22. Does the physical facility have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water?</u></p> <p><u>*Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. Sec. 300f et seq.)?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>23. Does the physical facility have toilet facilities within the dental hygiene facility available to staff and the public?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>24. Does the physical facility have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>25. Does the physical facility have a working Automated External Defibrillator (AED)?</u></p> <p><u>*Not applicable to Portable Equipment Registration. If registering portable equipment check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>26. Does the physical facility have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life supports?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>

ACKNOWLEDGEMENT

27. Have you reviewed BPC sections 1926.3, 1926.4, and 1944, and 16 CCR sections 1116.5 and 1117? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.

YES

NO

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the registration hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the questions in the foregoing registration and that all information, statements, attachments, and representations provided by me in this registration are true and correct. By submitting the registration 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 REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

REGISTRANT SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

NOTICES

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MANDATORY SUBMISSION:

Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your registration 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

INTERNAL OFFICE USE ONLY

<u>Date Received:</u>	<u>Receipt #:</u>	<input type="checkbox"/> <u>Initial</u> <input type="checkbox"/> <u>Renewal</u>	<u>\$ Amount:</u>
<u>File #:</u>	<u>Registration #:</u>	<u>RDHAP Lic. Exp. Date:</u>	
<u>Date Issued:</u>	<u>Analyst:</u>		