



**APPLICATION FOR RDA EXAMINATION AND LICENSURE  
 QUALIFICATION THROUGH SATISFACTORY WORK EXPERIENCE**

*Individuals that have not graduated from a board-approved RDA educational program but have completed "satisfactory work experience" in dental assisting duties may use this application to apply for RDA licensure. "Satisfactory work experience" includes credit for graduation from a post-secondary educational institution approved by the Department of Education or other authorized educational provider. Please read all attached instructions before completing this application.*

<p align="center"><b>Non-Refundable Fees</b></p> <p>Application: \$20          Examination: \$60          Non-Live Scan Fingerprint Cards: \$51  <i>(Out-of-State applicants only)</i></p> <p>A written examination fee will be required to be paid directly to PSI at a later date.</p>	<p align="center"><b>For Office Use Only</b></p> <p>Rec # _____</p> <p>Fee Paid: _____</p> <p>Date _____</p> <p>Cashiered: _____</p> <p>ATS # _____</p>	<p align="center"><b>For Office Use Only</b></p> <p align="center">Date Received</p>
--	---	--

<b>For Office Use Only</b>															
Reviewed By: _____			QM: _____			Cycle: _____			School Code: _____						
IC			CDPA			CPR/BLS			P/F			X-Ray			CP

**(Please print or type)**

1. Social Security Number					2. Birth Date (MM/DD/YYYY)					
3. Legal Name: Last					First			Middle		
4. List any other names used:										
5. Mailing Address (The address you enter is public information and will be placed on the Internet pursuant to B & P Code 27):										
6. Alternate Address (If you do not want your home or work address available to the public, provide an alternate address):										
7. Home Telephone (Include area code):					8. Work Telephone (Include area code):					
9. Preferred Examination Location:		Los Angeles <input type="checkbox"/>			San Francisco <input type="checkbox"/>			Month of Exam _____		
10. Have you been licensed to practice dental assisting, dental hygiene, dentistry or any other health care profession in any state or foreign country?								Yes <input type="checkbox"/>		No <input type="checkbox"/>
Type of Practice:			License Number:				State/Country:			

11. To qualify by **work experience**, you must have obtained at least 15 months of experience as a dental assistant in California or another state (BPC § 1752.1). **Sections I and II** below must be completed and certified by a dentist licensed in the United States by whom you were or are employed. If you worked for more than one employer, please have each employer complete a separate form. This page may be photocopied.

If a portion of the work experience requirement was accomplished by graduating from a dental assisting program in a post-secondary institution approved by the Department of Education, or in a secondary institution, regional occupational center, or regional occupation program not approved by the Board, verification of such must be certified using **Section III** on page 3 as well as the information below.

**Section I:**

Name of Certifying Licensed Dentist: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

**DECLARATION OF CERTIFYING DENTIST**

*I declare that \_\_\_\_\_ was employed by me as a dental assistant working \_\_\_\_\_ hours per week from \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY).*

*I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in Business and Professions Code Section 1750.1 (see page 11 for the allowable duties) in a competent manner.*

*I declare under penalty of perjury under the laws of the State of California that the above is true and correct.*

**Signature of Certifying Dentist** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**State in Which Dentist is Licensed** \_\_\_\_\_

**Dentist License No.** \_\_\_\_\_

**Section II:**

Candidates for the RDA examination applying via the work experience pathway must submit evidence of having completed the following Board-approved courses: *(check all requirements completed)*

<i>Radiation Safety (32-hour course)</i>	<i>Coronal Polishing (16-hour course)</i>	<i>Infection Control (8-hour course)</i>	<i>Cal Dental Practice Act (2 hour course)</i>	<i>CPR - Basic Life Support (AHA/ARC)</i>

*Evidence of completion shall be attached to the application.*

12. Applicants that have graduated from a dental assisting program in a post-secondary institution approved by the Department of Education, or in a secondary institution, regional occupation center, or regional occupational program not approved by the Board will be given credit toward the work experience requirement on a week-for-week basis for classroom training and internship. The program must complete the declaration below:

**Section III:**

Name of Educational Institution:		
School Street Address:		
City/Zip:		
Name of Dean or Program Director:		
Type of Educational Program <i>(check the applicable box)</i>	<input type="checkbox"/>	Post-secondary institution approved by the Department of Education
	<input type="checkbox"/>	Secondary institution
	<input type="checkbox"/>	Regional Occupational Center
	<input type="checkbox"/>	Regional Occupational Program

I HEREBY CERTIFY that I personally reviewed this educational program's records and according to this program's records, student \_\_\_\_\_ enrolled in the above-named dental assisting program on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and attended \_\_\_\_\_ months or \_\_\_\_\_ weeks and completed \_\_\_\_\_ hours.

The student was issued a certificate of course completion on \_\_\_\_\_ (MM/DD/YYYY).

*I hereby declare under penalty of perjury of the laws of the State of California that the information that I have provided in Section III above is true and correct.*

\_\_\_\_\_  
SIGNATURE OF DEAN OR AUTHORIZED OFFICIAL

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE SIGNED

*Affix School Seal Here*

13. Have you ever had any disciplinary action taken or charges filed against your dental license or other health related license by a government agency?  Yes  No

“License” includes permits, registrations, and certificates. Include any disciplinary actions taken by this agency, any other state agency, any U.S. territory, the U.S. Military, U.S. Public Health Service or other U.S. federal governmental 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 or health-related license that was issued to you.

If the answer is “yes”, provide the section of law violated the nature of the violation, the location and date of the violation, and the penalty or disposition on a separate sheet and include with this application.

---

14. Have you ever had a dental or other health-related license denied in this state or any other state?  Yes  No

If “yes”, provide a detailed explanation of circumstances surrounding the denial, including the date of the denial, type of application, and the basis for the denial. Include a copy of any document(s) you received from the agency denying your application(s).

---

15. Have you ever surrendered a dental license, either voluntarily or otherwise?  Yes  No

If “yes”, provide a detailed explanation of the circumstances, including the date of the surrender, the reason for the surrender and a copy of all documents relating to the surrender.

---

16. Check the box next to “YES” if you have been convicted or plead guilty to any crime in any state, the USA and its territories, military court or foreign country.  Yes  No

“Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. If the answer is “Yes”, provide the section of law violated the nature of the conviction, the court location and date of the conviction, and the penalty or disposition on a separate sheet and include with this application.

You do not need to report traffic infractions with a fine of less than \$1,000 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code.

If you answer “Yes”, providing the following information will assist in the processing of your application:

1) certified copies of the arresting agency report; 2) certified copies of court documents; and 3) a descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of the incident(s) and all circumstances surrounding the incident(s)). If documents were purged by the arresting agency or court, a letter of explanation from these agencies is required to complete the processing of your application.

Check the box next to “No” if you have not been convicted of a crime.

**FAILURE TO DISCLOSE A DISCIPLINARY ACTION OR CONVICTION MAY RESULT IN THE LICENSE BEING DENIED OR REVOKED FOR DISHONESTY OR FRAUD IN THE PROCUREMENT OF A LICENSE.**

17. EXECUTION OF APPLICATION

*I am the applicant for examination for licensure referred to above. I have 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/State) (Day) (Month) (Yr)

\_\_\_\_\_  
(Signature of Applicant)

---

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, (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 for licensure pursuant to Business and professions Code sections 1752.1 and 1752.3, issue and renew licenses, and enforce licensing standards set by law and regulation. 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. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. We make every effort to protect the personal information you provide us. However, in accordance with Section 27 of the Business and Professions Code, your name and mailing address listed on this application will be disclosed to the public upon request or through license verification on the Board's web site, if and when you become licensed. Other information you provide may be disclosed in the following circumstances: (1) 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); (2) to another government agency as required by state or federal law; or (3) in response to a court or administrative order, subpoena or search warrant.

## **REGISTERED DENTAL ASSISTANT EXAMINATION INSTRUCTIONS - QUALIFICATION THROUGH SATISFACTORY WORK EXPERIENCE**

**Completed applications containing all required documents and fees must be postmarked by the final filing date. Applications received after the final filing date may be returned. You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed incomplete.**

Applicants for Registered Dental Assistant licensure in California must pass a practical examination, the RDA written examination, a Law and Ethics written examination, and undergo a criminal history investigation prior to receiving a license. Temporary permits are not issued and licensure in another state or country is not recognized.

### **GENERAL ELIGIBILITY REQUIREMENTS B&P Code Section 1752.1**

To qualify for examination and licensure on or after January 1, 2010, you must either:

- A) Be a graduate of a Board-approved Registered Dental Assisting program; **OR**
- B) Complete 15-months satisfactory work experience as a dental assistant for a dentist licensed in the U.S. by the date of application, **and** provide written evidence of having completed an 8-hour California Dental Board (Board)-approved course in Infection Control, a 2-hour Board-approved course in the Dental Practice Act, and a course in basic life support (CPR) offered by an instructor approved by the American Red Cross or the American Heart Association.

Applicants who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program that is **not approved by the board**, shall be granted credit toward the 15-months work experience. The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. Verification of hours completed and used toward the 15-month work experience requirement must be demonstrated and certified on page 3 of this application by the educational facility.

**Make checks payable to the Dental Board of California. Mail applications with payment to:**

Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, California 95815

### **FIRST-TIME APPLICANTS**

First-time applicants must send the completed Application for RDA Examination and Licensure to the address above, **INCLUDING the fee of \$80** (\$20 application fee and \$60 practical exam fee). You will pay an additional \$43 fee for the RDA written examination and \$23 for the Law and Ethics examination when scheduling your test with Psychological Services Inc (PSI), the contracted testing agency handling the examinations for the Board. Once you have been approved to sit for the practical examination, a Candidate Handbook will be mailed to you by PSI with information regarding how to pay for and when to schedule your written examinations.

If you want verification that your application documents have arrived at the Board offices, a Candidate Application Postcard is enclosed in this application packet. Address the post card to yourself, place postage on the card and return

with your completed application. The card will be used to notify you that the Board has received your application for the Registered Dental Assistant examination and it is in the process of being evaluated. When you receive the card back in the mail, it only means that we have received your application, not that you have been accepted or scheduled for an examination.

### **FINGERPRINTS, LOCATIONS AND FEES**

***You are required to submit fingerprints*** upon initial application. ***Live Scan*** is available only in California, for either residents or visitors, is more efficient than the Ink-on-Cards method, and is ***required for all California applicants***. The Live Scan form is attached to this application or can be downloaded from the Dental Board website at [www.dbc.ca.gov](http://www.dbc.ca.gov). ***Make sure you print or copy the form in triplicate (three copies).***

The agency data for the Dental Board has been completed on the form for you. Applicants need to provide personal data on the form and contact the Live Scan location in your area (see authorized Live Scan locations on the website at <http://www.caag.state.ca.us/fingerprints/publications/contact.htm>). At your fingerprinting appointment, present ***three (3) copies*** of the form to the Live Scan vendor. Upon completion of the fingerprinting process, the vendor site will retain one copy and ***you will receive one copy to submit to the Dental Board as part of this application filing process.*** The remaining copy should be retained by you for your records.

Your fingerprints will be scanned electronically, without ink, and transmitted to the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) for processing. The DOJ will send their report to the Dental Board. Usually the report is received within seven days. There is a low rate of rejections with the Live Scan method.

The Live Scan service location will require you to pay a fee. Fees vary depending on location and are posted on the vendor location website indicated above. California applicants using Live Scan are not required to submit the \$51 fingerprint card fee to the Dental Board as part of this application. ***Your Live Scan fees will be paid separately to the vendor location at the time of service.***

Out-of-State applicants using the Ink-on-Cards method of fingerprinting will be required to submit a \$51 finger card fee to the Board upon submission of this application. Further instructions regarding ink fingerprinting for Out-of-State applicants can be found later in these instructions.

*(Continued on Page 8)*

**FIRST-TIME APPLICANT CHECKLIST FOR WORK EXPERIENCE CANDIDATES**

<b><i>Work Experience Pathway Only:</i></b>	<b><i>Work Experience Pathway that includes hours credited for graduation from a Dental Assisting Program NOT approved by the Board:</i></b>
Completion of the RDA Examination Application, signed and dated, with certification of work experience totaling 15-months by the employer (Section I – Page 2)	Completion of the RDA Examination Application, signed and dated, with certification of work experience for a portion of the 15-month requirement by the employer (Section I – Page 2)
N/A	Provide certification from non-Board approved educational program that shows hours completed in a dental assisting program to be credited toward the 15-month work experience (Section III – Page 3)
Enclose certificates of Board-approved course completion in the following areas (Section II – Page 2): <ul style="list-style-type: none"> <li>• Infection Control (8-hours)</li> <li>• California Dental Practice Act (2-hours)</li> <li>• Basic Life Support – CPR (AHA/ARC)</li> <li>• Radiation Safety Certificate (32-hours)</li> <li>• Coronal Polishing Certificate (16-hours)</li> <li>• <i>Optional:</i> Pit &amp; Fissure Sealants (must be completed by first renewal requiring continuing education)</li> </ul>	Enclose certificates of Board-approved course completion in the following areas (Section II – Page 2): <ul style="list-style-type: none"> <li>• Infection Control (8-hours)</li> <li>• California Dental Practice Act (2-hours)</li> <li>• Basic Life Support – CPR (AHA/ARC)</li> <li>• Radiation Safety Certificate (32-hours)</li> <li>• Coronal Polishing Certificate (16-hours)</li> <li>• <i>Optional:</i> Pit &amp; Fissure Sealants (must be completed by first renewal requiring continuing education)</li> </ul>

**PIT AND FISSURE SEALANT CERTIFICATION**

For candidates applying and testing for licensure as a Registered Dental Assisting on or after January 1, 2010, evidence of pit and fissure sealant certification may either be submitted at the time of application **or** at the first renewal requiring continuing education of the RDA license.

*Per B&P Code Section 1752.6: A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal. The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.*

**OUT-OF-STATE APPLICANTS**

Applicants located outside of California must submit two completed fingerprint cards **supplied by the Board at the time of application** and an additional fee of \$51 for processing of the fingerprint cards (a total fee of \$131). You will pay an additional \$43 fee for the RDA written examination and \$23 for the Law and Ethics examination when you schedule your test with Psychological Services Inc (PSI). Once you have been accepted for the practical examination, a Candidate Handbook will be mailed to you by PSI with information regarding how to pay for and when to schedule your written examinations.



## **OUT-OF-STATE APPLICANT CHECKLIST**

Applicants must show evidence of having successfully completed the following California Dental Board-approved courses in the following subject areas at the time of application:

- Infection Control (8-hours)
- California Dental Practice Act (2-hours)
- Basic Life Support – CPR (AHA/RC)
- California Radiation Safety Certificate (32-hours)
- Coronal Polishing Certificate (16-hours)

## **PREVIOUSLY-QUALIFIED APPLICANTS/ RE-EXAMINATION**

If, **within** the last two years, you qualified for and took the written or practical exam and failed, you must submit a completed Application for Re-Examination for either the written or practical. **Do not use this application form for re-examination.**

**If it has been more than two years since you last took either exam**, you must re-apply for both exams as a **first-time applicant**, even if you passed one of the exams in the past. Passing scores are only valid for two years from your last written or practical exam.

## **COMPLETING THE APPLICATION**

Many applications are rejected because they are incomplete or completed incorrectly - read all of the materials sent to you and complete **ALL** parts of the application fully, truthfully, and accurately. You must provide all of the information requested. Be sure to **clearly print** or type all data.

All certifications must contain original signatures and be submitted with your application.

Before submission of your application packet, check the following:

- ✓ Are checks for all the required fees included in your application packet?
- ✓ Has your employer certified all or a portion of your work experience on Page 2? If you have educational program credits (hours) toward your requirement, has the educational institution certified your coursework on Page 3?
- ✓ Have you completely answered all questions on Page 4 and signed the application on Page 5?
- ✓ Did you clearly print or type in all the required areas of the application? Check for any missed areas.
- ✓ Have you included all the required certifications? Go through the checklist on Page 8 to make sure you have submitted all the certificates required for this pathway.
- ✓ Have you self-addressed and stamped the application postcard and included it with your application package?
- ✓ Have you completed the Live Scan fingerprinting form, contacted the vendor and completed the fingerprinting process prior to submission of this application?

## **WHAT HAPPENS AFTER APPLICATION?**

If you are **not qualified**, you will be mailed a deficiency letter. If you have not been notified after 4 – 6 weeks from the filing of your application, you should contact the Board offices.

If you are **qualified**, you will be sent notification and a Candidate Handbook from PSI advising you of how to apply for and schedule your written examinations. Your Candidate Handbook will provide more detailed information about the content of the exams, important information about the examination process, suggestions for the examination day and other important testing information.

Approximately 30 days prior to the practical examination, you will be sent a letter informing you of your assigned date and time.

### **SPECIAL ACCOMMODATIONS**

If your religious beliefs preclude you from being examined on Saturday or Sunday, you must include a letter to the Board in the application packet identifying the day on which you cannot take the exam and the reason why.

If you have a disability and require special accommodations, call the Board to request a special accommodations packet. Completed special accommodation packets **MUST** be submitted **WITH** your Application. It is not possible to make special arrangements for certain applicants to be scheduled together.

### **GENERAL NATURE OF THE EXAMINATIONS**

**The Written Exam** is a three-hour, computer based, 155-question multiple-choice exam. It is administered in a computerized test center at various sites in California. If you qualify and your application is accepted, you will be sent information about how to register for this exam.

**The Practical Exam** requires that you acceptably perform three (3) designated procedures to minimum competence on a typodont. The exam is approximately five (5) hours from start to finish. You will be assigned to either a morning, mid-day or afternoon session, on Saturday or Sunday, at a location in Northern or Southern California nearest to you.

**The Law and Ethics Exam** is a one-hour, computer based, multiple-choice exam. It is administered in a computerized test center at various sites in California. If you qualify and your application is accepted, you will be sent information about how to register for this exam.

**Once your application has been accepted, you will be sent specific information concerning the content of the examinations. Be sure to read it carefully.**

### **REFUND OF FEES**

***Fees are non-refundable.*** If your application is rejected for any reason, only the exam fees will be refunded, which will occur approximately 8-10 weeks after the last exam.

You may withdraw from the exam by sending a written request to the Board. Your request must be received by the Board 15 business days prior to the first day of the scheduled exam. Only your exam fee will be refunded, not your application and fingerprint fees. If you do not appear for your assigned examination, all examination fees will be forfeited and are not refundable. You must reapply for a later exam and pay the required exam fee(s).

### **RETURNED CHECK FEE**

A \$25 fee will be charged for all returned checks.

## **ALLOWABLE DA AND RDA DUTIES**

*It is a criminal offense to practice as a registered dental assisting (RDA) without first receiving a license.* Therefore, be sure to become familiar with the duties that the unlicensed dental assistant and the Registered Dental Assistant is allowed to perform in California, as contained in the following laws and regulations.

### **AUTHORIZED DUTIES - DENTAL ASSISTANT**

*(Business & Professions Code §1750)*

A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by law and by regulations adopted by the Dental Board, under the supervision of a licensed dentist. "Basic supportive dental procedures" are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

### **GENERAL SUPERVISION DUTIES (DA)**

*(Business & Professions Code §1750.1(a))*

A dental assistant may perform the following duties under the general supervision of a supervising licensed dentist:

1. Extra-oral duties or procedures specified by the supervising licensed dentist provided that these duties or procedures meet the definition of a basic supportive procedure.
2. Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has completed an approved radiation safety course or passed a radiation safety exam.
3. Perform intraoral and extraoral photography.

### **DIRECT SUPERVISION DUTIES (DA)**

*(Business & Professions Code §1750.1(b))*

A dental assistant may perform the following duties under the direct supervision of a supervising licensed dentist:

1. Apply nonaerosol and noncaustic topical agents.
2. Apply topical fluoride<sup>1</sup>
3. Take intraoral impressions for all non-prosthetic appliances.
4. Take facebow transfers and bite registrations.
5. Place and remove rubber dams or other isolation devices.
6. Place, wedge, and remove matrices for restorative procedures.
7. Remove post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
8. Perform measurements for the purposes of orthodontic treatment.
9. Cure restorative or orthodontic materials in operative site with a light-curing device.
10. Examine orthodontic appliances.
11. Place and remove orthodontic separators.
12. Remove ligature ties and archwires.
13. After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.
14. Remove periodontal dressings.
15. Remove sutures after inspection of the site by the dentist.
16. Place patient monitoring sensors.

---

<sup>1</sup> *Effective January 10, 2010, when operating in a school-based setting or a public health program created or administered by a federal, state, county, or local governmental entity pursuant to Sections 104762 and 104830 of the Health and Safety Code, a dental assistant may apply topical fluoride under the general direction of a licensed dentist or physician (B&P Code, § 1750.1(c)).*

17. Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.
18. Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions.

#### **AUTHORIZED DUTIES - REGISTERED DENTAL ASSISTANT**

*(Business & Professions Code §1752.4)*

1. A registered dental assistant may perform all of the following duties:<sup>2</sup>
2. All duties that a dental assistant is allowed to perform.
3. Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
4. Apply and activate bleaching agents using a nonlaser light-curing device.
5. Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.
6. Obtain intraoral images for computer-aided design (CAD), milled restorations.
7. Pulp vitality testing and recording of findings.
8. Place bases, liners, and bonding agents.
9. Chemically prepare teeth for bonding.
10. Place, adjust, and finish direct provisional restorations.
11. Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.
12. Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
13. Place periodontal dressings.
14. Dry endodontically treated canals using absorbent paper points.
15. Adjust dentures extra-orally.
16. Remove excess cement from surfaces of teeth with a hand instrument.
17. Polish coronal surfaces of the teeth.
18. Place ligature ties and archwires.
19. Remove orthodontic bands.
20. All duties that the board may prescribe by regulation.

A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved educational program in those duties:

1. Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
2. The allowable duties of an orthodontic assistant permit-holder. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.
3. The allowable duties of a dental sedation assistant permit-holder.
4. The application of pit and fissure sealants.

---

<sup>2</sup> Except as provided in Business and Professions Code section 1777, the supervising dentist determines whether each procedure is performed under general or direct supervision.



**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815

P (916) 263-2300 F (916)263-2347 | www.dbc.ca.gov

**REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission**

*Applicant Submission*

A0023 \_\_\_\_\_ License \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_

Registered Dental Assistant \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

**Contributing Agency Information:**

Dental Board of California \_\_\_\_\_ 06129 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
 2005 Evergreen Street, Suite 1550 \_\_\_\_\_ Examination Unit \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
 Sacramento \_\_\_\_\_ CA 95815 \_\_\_\_\_ (916) 263-2300 \_\_\_\_\_  
 City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

**Applicant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
 (AKA or Alias) Last \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex  Male  Female \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number BIL - Applicant To Pay \_\_\_\_\_  
 Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ (Agency Billing Number) \_\_\_\_\_  
 Home \_\_\_\_\_ Misc. Number \_\_\_\_\_  
 Address Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 (Other Identification Number) \_\_\_\_\_

Your Number: RDA \_\_\_\_\_ Level of Service:  DOJ  FBI  
 OCA Number (Agency Identifying Number) \_\_\_\_\_

If re-submission, list original ATI number: \_\_\_\_\_  
 (Must provide proof of rejection) Original ATI Number \_\_\_\_\_

**Employer (Additional response for agencies specified by statute):**

Employer Name \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

**Live Scan Transaction Completed By:**

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
 Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

**PRINT COMPLETED DOCUMENT IN TRIPLICATE BEFORE LIVE SCAN APPOINTMENT:**

Copy 1 – Live Scan Operator Copy 2 – Dental Board Copy 3 – Applicant Copy