



## Application for Orthodontic Assistant Examination and Permit

**FEEES**  
 Application: \$20.00

Written examination fees will be paid directly to PSI at a later date.

*For Office Use Only*

Rec # \_\_\_\_\_

Fee Pd \_\_\_\_\_

Date \_\_\_\_\_

Cashiered: \_\_\_\_\_

ATS # \_\_\_\_\_

*For Office Use Only*

Date Received \_\_\_\_\_

**FEEES ARE NON-REFUNDABLE**

*For Office Use Only*

Reviewed By: \_\_\_\_\_ QM: \_\_\_\_\_ Work Experience \_\_\_\_\_

Sch Code: \_\_\_\_\_ Grad Date: \_\_\_\_\_ Director \_\_\_\_\_

BLS/CPR  DPA  IC  FP  Existing License \_\_\_\_\_

(Please Print Clearly 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 section 27).	6. ALTERNATE ADDRESS: (If you do not want your home or work address available to the public, please provide an alternate mailing address).
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7. TELEPHONE (INCLUDE AREA CODE) WORK HOME

9. Have you been licensed to practice dental assisting, dental hygiene, dentistry or any other health profession in any state or foreign country?  Yes  No

Type of Practice: \_\_\_\_\_

License Number: \_\_\_\_\_

State/Country: \_\_\_\_\_

10. The following **MUST BE COMPLETED BY THE ORTHODONTIC ASSISTANT PROGRAM DIRECTOR:**

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

\_\_\_\_\_ began this program on \_\_\_\_\_ and  
(name of applicant) (mm/dd/yyyy)

matriculated in the below-named orthodontic assistant course on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF DIRECTOR Date Signed SEAL

PROGRAM NAME: \_\_\_\_\_

PROGRAM ADDRESS: \_\_\_\_\_

Name Of Certifying Licensed Dentist: \_\_\_\_\_  
Print or Type Name

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

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

**All applicants must have completed at least 12 months of work experience as a dental assistant. Currently licensed RDA's or RDAEF's do not need to have work experience verification.**

***DECLARATION OF CERTIFYING DENTIST***

I declare that \_\_\_\_\_ was employed by me as a dental assistant  
(type or print name of applicant)

working \_\_\_\_\_ hours per week from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

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(a) and (b) during a majority of the experience hours, and that the applicant, in my opinion, is competent to perform allowable Orthodontic Assistant duties. See page 4 for the allowable duties.

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 Dentist is Licensed Dentist License No.

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11. Do you have any pending or have you ever had any disciplinary action taken or charges filed against your dental license or other health related license?  Yes  No

Include any disciplinary actions taken by 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 license.

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12. Are there any pending investigations by any State or Federal agency against you?  Yes  No  
If yes, provide a detailed explanation of circumstances surrounding the investigation

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13. Have you ever been denied a dental license or permission to take a dental examination?  Yes  No  
If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s)

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14. Have you ever surrendered a dental license, either voluntarily or otherwise?  Yes  No  
If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

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15. Check the box next to "YES" if you have had any license disciplined by a government agency or have been convicted or plead guilty to any crime. "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.  Yes  No

You do not need to report a conviction or an infraction with a fine of less than \$300 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. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation and any other restriction.

Check the box next to "NO" if you have not had a license disciplined by another government agency and you have not been convicted of a crime.

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.

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16. 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 and State)

(day)

(month)

(year)

\_\_\_\_\_  
(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.

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### GENERAL ELIGIBILITY REQUIREMENTS

*(Business & Professions Code §1750.2)*

(a) On and after January 1, 2010, the board may issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

- (1) Completion of at least 12 months of work experience as a dental assistant.
- (2) Successful completion of a board-approved course in the Dental Practice Act and a board-approved, course in infection control.
- (3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.
- (4) Successful completion of a board-approved orthodontic assistant course, which may commence after the completion of six months of work experience as a dental assistant.
- (5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.

(b) A person who holds an orthodontic assistant permit pursuant to this section shall be subject to the same continuing education requirements for registered dental assistants as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

## **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.

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<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)).

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.

**AUTHORIZED DUTIES – ORTHODONTIC ASSISTANT WITH PERMIT (OAP)**

*(Business & Professions Code §1750.3)*

A person holding an orthodontic assistant permit pursuant to Section 1750.2 may perform the following duties under the direct supervision of a licensed dentist:

- (a) All duties that a dental assistant is allowed to perform.
- (b) Prepare teeth for bonding, and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.
- (c) Remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist.
- (d) Size, fit, and cement orthodontic bands.
- (e) Remove orthodontic bands and remove excess cement from supragingival surfaces of teeth with a hand instrument.
- (f) Place and ligate archwires.
- (g) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
- (h) Any additional duties that the board may prescribe by regulation.