



Fictitious Name Permit Application Instructions

Any RDHAP, RDHAP partnership, or RDHAP group of three or more RDHAP's who want to engage in practice under any name other than the name under which the licensee is licensed must obtain a Fictitious Name permit from the Dental Hygiene Committee of California (DHCC).

Requirements for a Fictitious Name Permit

The requirements to obtain a fictitious name permit include:

1. A completed application.
2. Fees: Application and License Fee(Non-refundable)
 - a. License Fee **\$160** (if license expires more than 12 months from the date of its issuance)
 - b. License $\frac{1}{2}$ fee **\$80** (if license expires within 12 months)
3. Further Requirements: Pursuant to Section 1962 (b)(2)(3)(4) of the Business and Professions Code
 - a. The applicant(s) are licensed registered dental hygienist in alternate practice
 - b. The place where the applicant or applicants practice is owned or leased by the applicant or applicants, and the practice conducted at the place is wholly owned and entirely controlled by the applicant or applicants and is an approved area or practice setting pursuant to Section 1926.
 - c. (1) The name under which the applicant or applicants propose to operate contains at least one of the following designations: **“dental hygiene group,” “dental hygiene practice” or “dental hygiene office,”** **and**
(2) contains the **family name** of one or more of the past present or prospective associates, partners, shareholder, or members of the group, and
(3) is in conformity with Section 651 and not in violation of the subdivisions (I) and (I) of Section 1950.5.

Some examples are: Pursuant to 1962(b)(3)

Greenhaven Dental Hygiene Office, of Mary Doe, RDHAP

A-B-C Dental Hygiene Practice of Mary Smith, RDHAP

Mary Smith, Dental Hygiene Group

Renewing Your Permit

A permit expires when the qualifying license expires and must be renewed every two years. The fee for renewal is **\$160**. A delinquent fee of **\$80** will be applied if the permit is renewed more than 30 days after the expiration date.

Registered Dental Hygienists in Alternative Practice (RDHAP's) **are permitted** to incorporate, pursuant to Sections 13401 and 13401.5 of the [Corporations Code](#).



Fictitious Name Permit Application - RDHAP's

Business and Professions Code 1944(1) and 1944(12)(A)(B)

FEES ARE NON-REFUNDABLE

Fees: \$160 (Standard) \$80 (Prorated)	Type of Payments Accepted: Personal Check Cashier Check Business Check Money Order
Make Payable to "DHCC"	

OFFICIAL USE ONLY	
Date Received: _____	File# _____
Permit Fee: \$160 _____ \$80 _____	Rec# _____
LIC. Exp. Date _____	FNP# _____
Date issued _____	
APPLICANT USE ONLY	
Please check one: <small>Pursuant to Section 1962(a) of Business Professions Code</small>	
<input type="checkbox"/> Individual	<input type="checkbox"/> Association
<input type="checkbox"/> Partnership	<input type="checkbox"/> Group

All information requested in this application must be supplied by the applicant, False or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a permit. Any false statement willfully made in this application may result in discipline or criminal liability under the Business Professions Code 1960(e) or other applicable provisions of the law.

Please type or print clearly <i>Note: the applicant information provided in questions 1 and 2 will be used to establish the expiration date of the permit.</i>	
1. Applicant Name: Last First Middle	2(a). RDHAP License Number 2(b). RDH License Number
3. Fictitious Name to be used in the practice: (Refer to instructions) <small>Pursuant to Section 1962(a)(b)(3) of Business & Professions Code</small>	
4. Address of Practice where Fictitious Name will be used: <small>Pursuant to Section 1962(a)(b)(2) of Business & Professions Code</small>	5. Telephone Number:
6. Email Address: (required) <small>Pursuant to Section 1934</small>	
7. List all Registered Dental Hygienist in Alternate Practice (RDHAP) who has <u>ownership</u> in the practice associated with this application. <small>Pursuant to Section 1962(a)(b)(1) of Business & Professions Code</small>	
RDHAP Licensee Name	RDHAP License Number

For all Applicants

8.

DECLARATION

I declare under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the application hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location.

Pursuant to Section 1962(b)(4) of Business & Professions Code

I declare under penalty of perjury under the laws of the State of California that that the information contained in this application is true and correct.

Executed at _____, CA this ____ day of _____ 20__

By: _____
Print Name Title RDHAP License Signature

9. Person to be contacted regarding this application

Name _____ Phone Number _____

Address _____

THIS APPLICATION IS A PUBLIC RECORD AND WILL BE DISCLOSED TO PUBLIC UPON REQUEST.

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 ON 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 1962, and the Information Practices Act. The Dental Hygiene Committee of California uses this information principally to identify and evaluate applicants for licensure, issue and renew permits and enforce licensing standards set by law.

MANDATORY SUBMISSION

Submission of the requested information is mandatory. The Dental Hygiene Committee of California cannot consider your application for licensure or renewal unless you provide all of the requested information.

ACCESS TO PERSONAL INFORMATION

You may review the records maintained by the Dental Hygiene Committee 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.

CONTACT INFORMATION

For questions about this notice or access to your records, you may contact DHCC Staff with the Dental Hygiene Committee of California at 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, by phone at (916) 263-1978, or by e-mail, which is available on our website at www.dhcc.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.