



August 7, 2017

Karyna Shuliak  
6100 Red Hook Quarter, Suite B-3  
St Thomas, VI 00802

**RETURN PAYMENT NOTICE**

RE: DDS 65268

The Dental Board of California is returning the following remittance because:

The enclosed remittance is being returned because it was received incomplete. Please complete the required information on the remittance and return the remittance to the Board with the enclosed form(s) and a copy of this notice.

Example of required information may be the following:

Personal checks:

Date of Check  
Pay to the Order of  
**Signature**  
Written dollar amount  
Numerical dollar amount

Money orders:

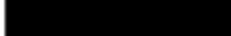
Purchaser's signature  
Purchaser's address  
Pay to the order of  
Payee's address

<u>REMITTANCE TYPE</u>	<u>AMOUNT</u>	<u>DATED</u>	<u>REMITTANCE NUMBER</u>
Personal Check, Money Order, Company Check, Cashier's check			

PERSONAL CHECK	\$687.00	8/2/2017	176
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Bank of America

If you need additional clarification, please contact Isis Stanley, the Cashier at:



Sincerely,

The Dental Board of California

### v. Renewal Application

(Return entire page. Fold according to instructions on reverse side.)

#### Question 1: Continuing Dental Education

Read each statement carefully and mark the appropriate answer.

- |  | <u>Yes</u>                          | <u>No</u>                           |
|--|-------------------------------------|-------------------------------------|
| A. Have you completed and can document 50 hours of approved continuing education in the last two years?              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| B. Have you completed and can document completion of a course in Basic Life Support by the AHA or ARC, PACE or CERP? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| C. Have you completed the mandatory 2 hour course in Infection Control?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D. Have you completed the mandatory 2 hour course in California Dental Practice Act?                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| E. Is this your <b>first renewal</b> and you are not required to have CE units?                                      | <input checked="" type="checkbox"/> |                                     |

Did you check **Yes** to statements "A," through "D," above, as required for active renewal?

- If **Yes**, check box "A," and box "C," below. (No CE Units are required until license is reactivated.)
- If you would like to renew **Inactive**, check box "B," below.
- If this is your **first renewal** and you are not required to have CE units, answer yes to statement "E." above and check box "A," and "C," below.

#### Question 2: Change of Address

Has a change of address occurred?

- If **Yes**, check Box "E," below and complete the Change of Mailing Address on the reverse side.

#### Question 3: Conviction Disclosure

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country? (Please read information on page 2 before answering.)

- If **Yes**, check box "F," below.
- If **No**, check box "G," below.

#### Question 4: Fingerprints

Have you furnished a full set of fingerprints to the Department of Justice as required by Title 16, California Code of Regulations Section 1008? (Please read information on page 2 before answering)

- If **Yes**, check box "H" below.
- If **No**, check box "I" below.

**(DO NOT DETACH)**

REC

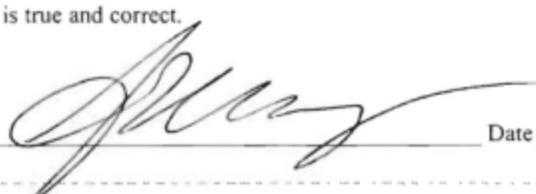
AUG 04 2017

DENTAL BOARD OF CALIFORNIA

#### Dental Board of California – Dental License Delinquent Renewal

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW
SHULIAK, KARYNA	DDS65268	05/31/17	\$687.00

LICENSEE MUST CHECK CORRECT BOXES					
"A"	<input checked="" type="checkbox"/>	Renew Active	"B"	<input type="checkbox"/>	Renew Inactive
"C"	<input checked="" type="checkbox"/>	CE Completed /CE Waiver			
"E"	<input type="checkbox"/>	Change of Address (fill in reverse side)			
"F"	<input type="checkbox"/>	Conviction Disclosure – Yes			
"G"	<input checked="" type="checkbox"/>	Conviction Disclosure – No			
"H"	<input type="checkbox"/>	Fingerprint – Yes	"I"	<input checked="" type="checkbox"/>	Fingerprint – No

"D" SIGNATURE REQUIRED	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature 	Date _____



**DENTAL BOARD OF CALIFORNIA**  
 2005 Evergreen Street  
 Suite 1550  
 Sacramento, CA 95815  
 (916) 263-2300  
 www.dbc.ca.gov



# Dental License Delinquent Renewal Notice

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW
SHULIAK, KARYNA	DDS65268	05/31/17	\$687.00

## i. Renewal Instructions

### Attention:

- **To Renew Online, visit [www.breeze.ca.gov](http://www.breeze.ca.gov).** Online renewals are processed in 48-72 hours. If not renewing online, please read the renewal instructions below. Allow 6-10 weeks for processing your renewal when renewing by mail.
- Do not send the delinquent fee amount unless your renewal will be postmarked 30 days after the expiration date of your license.
- **YOU MAY NOT ENGAGE IN THE PRACTICE OF DENTISTRY AFTER THE EXPIRATION DATE UNLESS THE LICENSE IS RENEWED.**
- Failure to complete the CE certification and sign at the bottom of page 5 will result in a delay of your renewal.

### Renewal Checklist:

- IMPORTANT:** Read all instructions. Answer the questions on the application by checking the appropriate boxes and sign and date the certification statement at the bottom of page 5. Failure to correctly complete the renewal application and documentation will result in processing delays. Applications received without a signature will not be processed.
- Complete the required information on pages 3-6 in black or blue ink and make a copy for your records.
- Sections 1 thru 5 of the Dental Healthcare Workforce Survey on page 3 **must be completed.** The information collected in this survey will be publicly available in accordance with state law.
- Continuing Education (CE) information must be completed. Read the Continuing Education Requirements on page 2 then carefully mark the appropriate answers on page 5.
- Return pages 3-6 in the enclosed envelope with a check or money order made payable to the Dental Board of California (DBC). Make sure the return address shows through the window of the envelope.

### III. Dental Healthcare Workforce Survey

Sections 1, 2, 3, 4, and 5 are required. Business and Professions Code section 1715.5 requires completion of this survey. The survey information collected will be publicly available in accordance with state law.

1. LICENSE NUMBER:

2. LICENSE TYPE:

- DDS
- RDH
- RDHEF
- RDHAP
- RDA
- RDAEF

3. EMPLOYMENT STATUS:

- Full-time clinical practice in CA (32+ hours per week)
- Full-time clinical outside CA (32+ hours per week)
- Part-time clinical practice in CA (Less than 32 hours per week)
- Administrative/Faculty Employment (No Direct Patient Care)
- Retired
- Other practice or employment status

4a. PRIMARY PRACTICE LOCATION:

If you provide patient care, please indicate the zip code of your primary practice location (U.S. only) and the number of hours spent each week at this location.

ZIP CODE	HOURS PER WEEK
<input type="text" value="00802"/>	<input type="text" value=""/>

4b. SECONDARY PRACTICE LOCATION:

If you provide patient care in a second location, please indicate the zip code of that practice location (U.S. only) and the number of hours spent each week at this location.

ZIP CODE	HOURS PER WEEK
<input type="text" value=""/>	<input type="text" value=""/>

5. POSTGRADUATE TRAINING:

Indicate the total years of training completed after dental school (accredited by the Committee on Dental Accreditation in a dental specialty recognized by the American Dental Association).

- 1     2     3     4     5+     None

6. DENTAL PRACTICE/SPECIALTY and BOARD CERTIFICATIONS or PERMITS: (mark specialty classifications and Board Certifications)

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="radio"/> General Practice | <input type="radio"/> Endodontics             | <input type="radio"/> Oral Radiology      | <input type="radio"/> Oral Conscious Sedation |
| <input type="radio"/> Prosthodontics              | <input type="radio"/> Public Health           | <input type="radio"/> Pediatric Dentistry | <input type="radio"/> Conscious Sedation      |
| <input type="radio"/> Maxillofacial               | <input type="radio"/> Orthodontics            | <input type="radio"/> Periodontics        |   |
| <input type="radio"/> Oral Pathology              | <input type="radio"/> Facial Cosmetic Surgery | <input type="radio"/> General Anesthesia  |   |

7. ETHNIC BACKGROUND (Optional): Mark all that apply

- |  |   |
|--|---|
| <input type="radio"/> African American / Black / African                 | <input checked="" type="radio"/> Caucasian / White / European / Middle Eastern                                    |
| <input type="radio"/> American Indian / Native American / Alaskan Native | <input type="radio"/> Other <input type="radio"/> Decline to State  |
| <b>Asian</b>   | <b>Latino / Hispanic</b>  |
| <input type="radio"/> Cambodian <input type="radio"/> Korean             | <input type="radio"/> Central American  |
| <input type="radio"/> Chinese <input type="radio"/> Thai                 | <input type="radio"/> South American  |
| <input type="radio"/> Indian <input type="radio"/> Vietnamese            | <input type="radio"/> Puerto Rican  |
| <input type="radio"/> Indonesian <input type="radio"/> Other Asian       |   |
| <input type="radio"/> Japanese   |   |
|  | <b>Native Hawaiian / Pacific Islander</b>   |
|  | <input type="radio"/> Cuban <input type="radio"/> Fijian <input type="radio"/> Samoan                             |
|  | <input type="radio"/> Mexican <input type="radio"/> Filipino <input type="radio"/> Tongan                         |
|  | <input type="radio"/> Other Hispanic <input type="radio"/> Guamanian <input type="radio"/> Other Pacific Islander |
|  | <input type="radio"/> Hawaiian  |

8. FOREIGN LANGUAGE (Optional) In addition to English, indicate additional languages in which you are fluent:

- |  |                              |                                |                                  |  |  |
|--|------------------------------|--------------------------------|----------------------------------|--|--|
| <input type="radio"/> American Sign Language | <input type="radio"/> Farsi  | <input type="radio"/> Hmong    | <input type="radio"/> Lao        | <input type="radio"/> Punjabi            | <input type="radio"/> Thai             |
| <input type="radio"/> Arabic                 | <input type="radio"/> French | <input type="radio"/> Ilacano  | <input type="radio"/> Mandarin   | <input checked="" type="radio"/> Russian | <input type="radio"/> Turkish          |
| <input type="radio"/> Armenian               | <input type="radio"/> German | <input type="radio"/> Italian  | <input type="radio"/> Mien       | <input type="radio"/> Samoan             | <input type="radio"/> Vietnamese       |
| <input type="radio"/> Cambodian              | <input type="radio"/> Hebrew | <input type="radio"/> Japanese | <input type="radio"/> Polish     | <input type="radio"/> Spanish            | <input type="radio"/> Decline to State |
| <input type="radio"/> Cantonese              | <input type="radio"/> Hindi  | <input type="radio"/> Korean   | <input type="radio"/> Portuguese | <input type="radio"/> Tagalog            | <input type="radio"/> Other:           |

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

N/A

Business and Profession Code Section 114.5 requires all boards, bureaus, committees and commissions within the Department of Consumer Affairs to ask whether an applicant or licensee is serving in, or has previously served in, the military. Answering this question is optional but if you have checked "YES" below, please complete and return this insert with your renewal coupon.

Are you currently serving, or have you previously served, in the military? YES

If checked YES, please return this form with your renewal, completing the information below.

Name: \_\_\_\_\_

License Type: \_\_\_\_\_

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

INS-001ALL-01-20150922

EFTA00521435



## Electronic Mail (Email) Address Requirement

**Notice: All Dental Board applicants and licensees must report to the Board his or her electronic mail address no later than July 1, 2016.**

Business and Professions Code Section 1650.1 requires all applicants and licensees of the Dental Board of California to report to the board his or her electronic mail address, and will require the board to annually send an electronic notice to each applicant and licensee that requests confirmation of the applicant's or licensee's electronic mail address.

**If you have not yet submitted your electronic mail address to the board, please do so now.**

**To submit by email send to [Dentalboard@dca.ca.gov](mailto:Dentalboard@dca.ca.gov), or to submit by fax send to (916) 263-2140. Include your full name and license number, and license type.**