

## BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR **DENTAL BOARD OF CALIFORNIA**2005 Evergreen St., Suite 1550, Sacramento, CA 95815 P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

## **CERTIFICATION OF ORAL CONSCIOUS SEDATION TRAINING**

**Applicant:** Complete the top of this form and have your oral conscious sedation training by the educational institution where you obtained the training. Submit this completed form with your application for the certificate.

Califo	ornia Dental License Number e of School attended and dates			
EDU	CATIONAL INSTITUTION: Complete This F	Portion Of Form		
outpat	dentist is applying for a certificate to administration basis in California. One means to qualified educational program on oral medications and	fy for a certificate is to provide pro-		
	Training offered at this educational institutive Regulations Section 1044.3.	raining offered at this educational institution did not satisfy the criteria outlined in California Code of egulations Section 1044.3.		
	Signature	Date		
	Printed Name & Title	Telephone No.		
	including a clinical component consisting of a	raining in oral medications and sedation consisted of satisfactory completion of at least 25 hours of instructed cluding a clinical component consisting of an adequate number of cases to demonstrate personal competer oral conscious sedation of a patient. The course included the areas outlined in California Code of Regulative to 1044.3 incorporated herein by reference.		
[	I hereby certify that	(Name) Sal	tisfactorily completed	
ı	referenced instruction at	Participant was enrolled		
	in a	program when obtaining training in oral		
l	medications and sedation.			
[	Dates of training		-	
	Signature	Date		
	Printed Name	Title	Telephone Number	
_				
	Seal of Educational Institution			