STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION TO REMOVE DISABLED STATUS from LICENSE B & P Code 1716.1 (b)

For Office Use Only
Approved – date notified_____
Disapproved – date notified_____

Please type or print legibly

Name of Licensee _____

Full Address _____

Birthdate _____ License Number _____

☐ I wish to remove the disabled status from my dental license, and return it to active status. I submit with this application the current renewal fee, and attach proof of having completed the required continuing education for renewal.

The following must be completed by your attending physician:

Physician's PRINTED name: _____ Telephone number: _____

Physician's Address: _____
Street No. City State Zip

Physician's license number _____ State attending physician is licensed in: _____

As physician from above-named dentist I certify, under penalty of perjury under the laws of the State of California that he/she no longer has any disability which prevents the safe practice of dentistry.

_____ _____
Attending Physician's Signature Date

I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____
Applicant's Signature Date

INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento CA. 95815, Executive Officer 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.