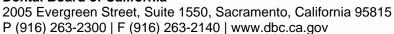


STATE AND CONSUMER SERVICES AGENCY . GOVERNOR EDMUND G. BROWN JR.

Dental Board of California





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

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

Name of Licensee		
Full Address		
Birthdate		License Number
		by dental license, and return it to active status. I submit with this ach proof of having completed the required continuing education for
The following must	be completed by you	ur attending physician:
Physician's PRINTED name:		Telephone number:
Physician's Address:		
	Street No.	City State Zip
Physician's license nun	nber	State attending physician is licensed in:
		under penalty of perjury under the laws of the State of California that is the safe practice of dentistry.
Attending Physician's Signature		Date
Attending Physician's		
	nalty of perjury under	the laws of the State of California that the foregoing is true

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.