STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

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 FOR LAW AND ETHICS EXAMINATION

For Office Use Only	*For Office Use Only*
ATS#_____	**Received**

(Please type or print neatly)

1. LEGAL NAME: _____
LAST FIRST MIDDLE

2. ADDRESS _____
Street City State Zip Code

3. TELEPHONE NUMBER (____)_____ (_____)_____
Evening Day

4. Do you have a disability or condition that requires special accommodations? YES NO
If yes, email db_examinations@dca.ca.gov for a "REQUEST FOR ACCOMMODATION" packet.

_____ _____
Date Signature of Applicant

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5. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:
(Must be completed or application will be returned)

I HEREBY CERTIFY THAT_____
Full Name of Student

matriculated in the _____
Name of University

Dental College the _____day of _____and attended _____years,

has completed the clinic and didactic requirements and

HAS GRADUATED, OR WILL GRADUATE OR IS EXPECTED TO GRADUATE
with the degree of:

Circle One D.D.Sc., D.D.S., D.M.D.

on the _____day of _____, 20_____.

(SEAL OF COLLEGE OR UNIVERSITY)

_____
SIGNATURE OF DEAN