



## Verification of Pending Contract for Clinical Practice

The dentist listed below is applying to California for Licensure based upon criteria, having a pending contract with your organization to practice dentistry full time. You are being requested to verify his/her pending contract. *Append copy of contract.*

I hereby certify that _____ Has a contract to practice dentistry	
Full time in _____ (name of qualified agency)	
At this address: _____ .This agency is:	
<input type="checkbox"/> Licensed under subdivision (a) of Section 1204 of the Health and Safety Code, or	
<input type="checkbox"/> This facility is exempt from licensure pursuant to subdivision © of Section 1206 of the Health and Safety Code, or	
<input type="checkbox"/> This clinic is owned or operated by a public hospital or health system, or	
<input type="checkbox"/> This clinic is owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under 17000 of the Welfare and Institutions Code.	
Employment will commence after the dentist is issued a California dental license, and will continue for (mo./yrs) _____	
All parties understand that the Dental Board may periodically request verification of compliance with the employment requirements, and may revoke said dentist's license in the case of non-compliance.	
_____ Signature	_____ Date
_____ Printed Name	_____ Title
	_____ Contact Number