



**CERTIFICATION OF SUCCESSFUL COMPLETION OF REMEDIAL
 EDUCATION REQUIREMENTS FOR RE-EXAMINATION ELIGIBILITY**

To be completed by Applicant: *(Please print legibly or type)*

Applicant Name: _____

Address: _____

Phone Number: () _____ SS#: _____

To be completed by University:

University Name: _____

Address: _____

Phone Number: () _____

Course Title	Type of Course* (Circle)	Hours Earned	Date Completed
	C D L		
	C D L		
	C D L		
	C D L		
	C D L		

*** Key for Type of Course: C = Clinic; D = Didactic; L = Laboratory**

I hereby certify that the individual named above has successfully completed the above course(s) for remedial education requirements in order to become eligible for re-examination for the California Dental Licensure Examination.

(SEAL OF COLLEGE
 OR UNIVERSITY)

 [SIGNATURE OF DEAN]

 [DATE]