

BUSINESS, CONSUMER SERVICES, AND HOUSING 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



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 Earne d	Date Completed
	CDL		
* 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	E OF DEAN]		[DATE]