



DENTAL BOARD OF CALIFORNIA

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CERTIFICATION OF NON-FAILURE OF LICENSURE EXAMINATION

This form shall certify that the applicant named below, has not failed a state, regional, or national examination for licensure to practice dentistry within five (5) years prior to the date of the application for licensure.

The undersigned applicant _____ certifies that:
(Print full name of applicant)

☐ "I certify, under penalty of perjury, that I have not taken any state, regional or national examination, including WREB or ADEX. Further, I certify that if taken, I have received a passing score on all state, regional or national examinations, including WREB or ADEX."

Note: If the applicant subsequently passed *the* examination for licensure, the prior failure shall not make the applicant ineligible under this paragraph.

Name of Applicant

Signature of Applicant

Date of Signing