CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

CERTIFICATION OF FULL-TIME NONCLINICAL PRACTICE

If you are using multiple employers to fulfill the required hours, please use one form per employer.

This form shall certify that the person named below has an active dentist license and has been employed in a federal, state, or local public health program for the time indicated below. This information is intended for use in establishing eligibility for licensure in California through the Licensure by Credential pathway.

I certify that the applicant, _____,
(Print full name of applicant)

has practiced non-clinically in a full-time capacity for a federal, state, or local health program(s) in the State of _____during the dates below:

From (M/D/Y)	To (M/D/Y)	Hours per Year	Total Years Combined
Name and address, of the federal, state, or local public health program:			

I certify under penalty of perjury that I am custodian of records of the public health program listed above statements, are a true and correct representation of the records of the business.

_____ **Name and Title of Person Certifying**

_____ **Signature of Person Certifying**

_____ **Date of Signing**

_____ **Telephone Number**

_____ **Email Address**