



Verification of Pending Contract for Faculty Practice

The dentist listed below is applying to California for licensure based upon, among other criteria, having a pending contract to teach or practice dentistry full time in an educational facility. You are being requested to verify his/her pending contract. *Append copy of contract.*

I hereby certify that _____ Has entered into a	
Contract with _____	
To teach or practice dentistry full time.	
I further certify that this dental education program is accredited by the ADA Commission on Dental Accreditation.	
Employment will commence after the dentist 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	
<div data-bbox="280 1430 550 1680" style="border: 1px solid black; width: 166px; height: 119px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"><p>SEAL</p></div>	