



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 PENDING CONTRACT FOR FACULTY PRACTICE

The dentist listed below is applying to California for a dentist license licensure based upon, having a contract to teach or practice dentistry full time in an educational facility. You are being requested to verify their faculty contract.

I certify that _____, has a contract to teach or practice dentistry
Name of Applicant

with _____

I further certify that this dental education program is accredited by the ADA Commission on Dental Accreditation

Employment will commence after the dentist is 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.

Printed Name

Date

Signature

Title

Email

Contact Number

SEAL