



**REQUEST FOR PORTFOLIO CANDIDATE IDENTIFICATION NUMBER
 AND LAW AND ETHICS EXAMINATION ELIGIBILITY**

**NON-REFUNDABLE
 APPLICATION FEE: \$125**

For Office Use Only: Receipt No.: _____ Fee Paid: _____ Date Cashiered: _____ Entity No. _____

1. United States Social Security Number	2. Birth Date (MM/DD/YYYY)
3. Legal Name: Last	First Middle
4. Mailing Address (The address you enter is public information and will be placed on the Internet pursuant to B & P Code 27):	
5. Daytime Telephone Number (including area code):	6. Email Address:

_____ Date

_____ Signature of Applicant

<p>7. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:</p> <p>I HEREBY CERTIFY THAT _____ <small>FULL NAME OF STUDENT</small></p> <p>matriculated in the _____ <small>NAME OF UNIVERSITY</small></p> <p>Dental College the _____ day of _____ and attended _____ years, has completed didactic requirements and is in good academic standings with no pending ethical issues and WILL GRADUATE OR IS EXPECTED TO GRADUATE on the _____ day of _____, 20_____.</p> <p>SEAL OF COLLEGE OR UNIVERSITY</p> <p align="right">_____ <small>SIGNATURE OF DEAN</small></p> <p>*The Dean must certify actual graduation, if certification is signed that the student will graduate or is expected to graduate. Certification must be completed on official school letterhead including certification by the Dean that there are no pending ethical issues, the Dean's signature and seal of the Dental School.</p>
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