

## BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY $\, \cdot \,$ 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



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

For Office Use Only:

NON-REFUNDABLE APPLICATION FEE: \$125	Receipt No.: Fee Paid: Date Cashiered: Entity No
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 S	ignature of Applicant
7. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:	
I HEREBY CERTIFY THAT	FULL NAME OF STUDENT
matriculated in the	NAME OF UNIVERSITY
Dental College the day of	and attended years, has
completed didactic requirements and is in good academic standings with no pendingethical	
issues and WILL GRADUATE OR IS EXPECTED TO GRADUATE	
on the day of, 2	20
SEAL OF COLLEGE OR UNIVERSITY	
	SIGNATURE OF DEAN

\*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.