



DECLARATION OF THE DEAN FOR SPECIAL PERMIT

Business & Professions Code 1640

Initial Permit

Renewal of Permit

Name of Applicant _____

To The Dental Board of California:

I, _____, DO HEREBY CERTIFY that I am the Dean of
School of Dentistry, _____.
Located at this address _____.

In such official capacity, I certify that the following information in support of the above-named Special Permit applicant to practice dentistry pursuant to the provisions of Business & Professions Code Article 2.5, Chapter 4, Division 2, 1640, 1641, and 1642 is true and correct.

Said applicant has current contract of employment with the above-name dental school: (check one)

Full Time Professor Full Time Associate Professor Full Time Assistant Professor

Note: Full time employment means a minimum of four days per week.

Current contract dates: _____ through _____.

The dental practice of the applicant is limited to the ADA recognized specialty of _____, and is limited to the location above or any affiliated Instructions which have been approved by the Board.

I have discussed the terms of his/her employment contract with the applicant, who understands and acknowledges that one of the conditions of his/her employment contract is that when his/her full time employment is terminated at this dental school, his/her Special Permit will be automatically revoked and that he/she will no longer be eligible to practice unless he/she has a California dental license.

Applicant's academic and dental practice schedule is attached.

I DECLARE under penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

EXECUTED at _____, CA on this _____ Day of _____ 20 _____.

Signature of Dean