



DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



APPLICATION FOR CONTINUING EDUCATION APPROVAL FOR OUT-OF-STATE COURSE OFFERED BY AN UNREGISTERED CALIFORNIA PROVIDER

For Office Use Only
Approved Date
By
Disapproved, return date
# of Units

Name of Licensee

Street Address of Licensee City State Zip

Licensee Telephone License Number

Attach to this form a course outline, the course objective(s), and a certificate of completion from the provider which includes the length of the course. Complete the following questions:

Name of Course Date

Location where the course was offered

Name of provider offering course

Address of provider offering course

Number of continuing education units requested

Was any part of this course a home study course? Yes No

Was this course offered as a lecture in connection with a scientific meeting or convention? Yes No

If yes, attach evidence that indicates licensee attended specific lecture for which you are requesting continuing education credit.

Certification

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct.

Signature of Licensee

Date

INFORMATION COLLECTION AND ACCESS
The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.