STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
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APPLICATION FOR CONTINUING EDUCATION APPROVAL FOR OUT-OF-STATE COURSE OFFERED BY AN UNREGISTERED CALIFORNIA PROVIDER

For Office Use Only

Approved Date _____ # of Units _____

By _____

Disapproved, return date _____

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.