CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • 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

CERTIFICATION OF CLINICAL RESIDENCY COMPLETION

To Be Completed by Applicant:

Applicant Name: _____

Name of Program attended: _____

Address of Program Attended: _____

Period(s) of Attendance (show dates MM/YYYY): _____

Type of Program (check one): ☐ General Practice Residency (GPR)

☐ Advanced Education in General Dentistry (AEGD)

To Be Completed by Residency Program Director:

This applicant is applying for a dental license in California. In order to qualify, the applicant is required to provide proof of completion of a general practice residency program (GPR) or advanced education in general dentistry (AEGD) program for a minimum of one year certified by the program director of the institution. Please check the appropriate boxes that relate to the program under your direction that this applicant completed. To qualify, the program must be accredited by the Committee on Dental Accreditation (CODA) of the American Dental Association.

☐ Direct health promotion and disease prevention activities

☐ Provide operative dentistry (direct and indirect restorations)

☐ Provide periodontal therapy

☐ Provide endodontic therapy

☐ Provide oral surgery

☐ Evaluate and treat dental emergencies

☐ Treat medical emergencies

☐ Provide dental care to patients who have received implants

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Continued:

- ☐ Manage oral mucosal diseases
- ☐ Manage temporomandibular disorders and orofacial pain
- ☐ Manage occlusal disorders
- ☐ Perform physical evaluation and collect other date to establish a medical risk assessment
- ☐ Understand indications of an interpretations of laboratory studies and other technique used in the diagnosis of oral and systemic diseases
- ☐ Applying principles of practice management
- ☐ Provide pain and anxiety control unitizing behavioral and pharmacologic techniques
- ☐ Provide airway management
- ☐ Administer pharmacological agents
- ☐ Obtain and interpret patient's chief complain, medical and social history, and review of systems
- ☐ Understand the relationship between oral health care and systemic diseases
- ☐ Interpret physical evaluation performed by a physician with an understanding of how it impacts proposed dental treatment.

I hereby certify that _____ Satisfactory completed
A general practice residency program or advanced education in general dentistry of a minimum of one Year at the following CODA- approved program _____

EDUCATIONAL PROGRAM SEAL

_____
Signature Date

_____
Printed Name/ Title Phone