

**DENTAL BOARD OF CALIFORNIA**

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

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov**OUT-OF-STATE/COUNTRY LICENSE CERTIFICATION**

INSTRUCTIONS TO APPLICANT: Complete top portion of form. Submit to any State or Country in which you have been licensed regardless of the status of license. Completed forms should be submitted with your application.

1. Name	_____	_____	_____
	Last	First	Middle
2. Address	_____	_____	_____
	City	State	Zip Code
3. Birthdate	_____	4. Sex	Female Male
	MM/DD/YYYY		Licensing Agency

I certify that _____, who graduated from
Name of Applicant
_____ on _____, was granted
Name of Dental School
License number _____ on _____, in the
Date Licensed Issued
State/country of _____, on the basis of _____
Reciprocity, National Board Exam,
Licensing Agency Exam
and the license expires on _____
MM/DD/YYYY

I certify that such license is currently in good standing; and that no disciplinary action is pending or has been taken against the license.

NOTE: if any portion of the above certification is deleted or modified, please attach an explanation.

Type of Print Name and Title of Agency Official

Name of Licensing Agency

Signature of Agency Official

Street Address

[SEAL]

City State Zip _____

Telephone Number _____