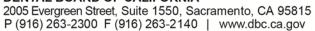


Candidate ID #\_\_\_\_\_

## **DENTAL BOARD OF CALIFORNIA**





## PORTFOLIO EXAMINATION SUMMARY OF COMPETENCY EXAMINATIONS

| Candidate Name:  |                 |                 |                        |
|--|-----------------|-----------------|------------------------|
| Dental College:  |                 |                 | -                      |
| Competency Examination   | Scaled<br>Score | Status          | Date Completed         |
| Oral Diagnosis and Treatment Planning (ODTP)                                 |                 |                 |                        |
| Direct Restorations (DR) (1)   |                 |                 |                        |
| Direct Restorations (DR) (2)   |                 |                 |                        |
| Indirect Restorations (IR)   |                 |                 |                        |
| Removable Prosthodontics (RP)  |                 |                 |                        |
| Endodontics (E)  |                 |                 |                        |
| Periodontics (P)   |                 |                 |                        |
| Highest combined scaled score is 200 Scaled score of 150 or above is passing |                 |                 |                        |
| I,the summary is true and correct.   | _, hereby cert  | ify that the ir | nformation provided in |
| Signature of Dean  |                 |                 |                        |
| Date   |                 |                 |                        |