



**REQUEST FOR PORTFOLIO CANDIDATE IDENTIFICATION NUMBER
 AND LAW AND ETHICS EXAMINATION ELIGIBILITY**

APPLICATION FEE: \$120

For Office Use Only:

Receipt No.: _____
 Fee Paid: _____
 Date Cashiered: _____
 Entity No. _____

1. SSN/FEIN/ITIN #	2. Birth Date (MM/DD/YYYY)		
3. Legal Name:	Last	First	Middle
4. Mailing Address (The address you enter is public information and will be placed on the Internet pursuant to B & P Code 27):			
5. Daytime Telephone Number (including area code):		6. Email Address:	

 Date

 Signature of Applicant

X

7. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HEREBY CERTIFY THAT _____
FULL NAME OF STUDENT

matriculated in the _____
NAME OF UNIVERSITY

Dental College the _____ day of _____ and attended _____ years. Has completed didactic requirements and is in good academic standings with no pending ethical issues and WILL GRADUATE OR IS EXPECTED TO GRADUATE on the _____ day of _____, 20_____.

SEAL
 OF
 COLLEGE
 OR
 UNIVERSITY

SIGNATURE OF DEAN

*The Dean must certify actual graduation, if certification is signed that the student will graduate or is expected to graduate. Certification must be completed on official school letterhead including certification by the Dean that there are no pending ethical issues, the Dean's signature and seal of the Dental School.