



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

**NON-REFUNDABLE  
 APPLICATION FEE: \$125**

**For Office Use Only:**

Receipt No.: \_\_\_\_\_  
 Fee Paid: \_\_\_\_\_  
 Date Cashiered: \_\_\_\_\_  
 Entity No. \_\_\_\_\_

|  |                            |
|--|----------------------------|
| 1. United States Social Security Number  | 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

**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.