STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR LAW AND ETHICS EXAMINATION

For Office Use Only
ATS#_____

For Office Use Only
Received

(Please type or print neatly)

1. LEGAL NAME: _____
LAST FIRST MIDDLE

2. ADDRESS _____
Street City State Zip Code

3. TELEPHONE NUMBER (____)_____ (_____)_____
Evening Day

4. Do you have a disability or condition that requires special accommodations? YES NO
If yes, email db_examinations@dca.ca.gov for a "REQUEST FOR ACCOMMODATION" packet.

_____ _____
Date Signature of Applicant

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5. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:
(Must be completed or application will be returned)

I HEREBY CERTIFY THAT_____
Full Name of Student

matriculated in the _____
Name of University

Dental College the _____day of _____and attended _____years,

has completed the clinic and didactic requirements and

HAS GRADUATED, OR WILL GRADUATE OR IS EXPECTED TO GRADUATE
with the degree of:
Circle One D.D.Sc., D.D.S., D.M.D.

on the _____day of _____, 20_____.

(SEAL OF
COLLEGE OR
UNIVERSITY)

_____
SIGNATURE OF DEAN