



DENTAL BOARD OF CALIFORNIA

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

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



CERTIFICATION OF PENDING CONTRACT FOR CLINICAL PRACTICE

The dentist listed below is applying to California for a dentist license licensure based upon, having a clinical contract with your organization to practice dentistry full time. You are being requested to verify their clinical contract.

I certify that \_\_\_\_\_, has a contract to practice dentistry
Name of Applicant

full time in \_\_\_\_\_ (name of qualified agency)

at this address \_\_\_\_\_. This agency is:

- Licensed under subdivision (a) of Section 1204 of the Health and Safety Code, or
This facility is exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, or
This clinic is owned or operated by a public hospital or health system, or
This clinic is owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under 17000 of the Welfare and Institutions Code.

Employment will commence after the dentist is issued a California dental license, and will continue for (mo./yrs)

All parties understand that the Dental Board may periodically request verification of compliance with the employment requirements, and may revoke said dentist's license in the case of non-compliance.

Printed Name

Date

Signature

Title

Email

Contact Number