



DENTAL BOARD OF CALIFORNIA

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OUT-OF-STATE/COUNTRY LICENSE CERTIFICATION

INSTRUCTIONS TO APPLICANT: Complete top portion of form. Submit to any State or Country in which you have been licensed regardless of the status of license. Completed forms should be submitted with your application.

1. Name Last First Middle
2. Address City State Zip Code
3. Birthdate MM/DD/YYYY 4. Sex Female Male
Licensing Agency

I certify that Name of Applicant, who graduated from Name of Dental School on Date Licensed Issued, was granted License number in the State/country of on the basis of Reciprocity, National Board Exam, Licensing Agency Exam and the license expires on MM/DD/YYYY
I certify that such license is currently in good standing; and that no disciplinary action is pending or has been taken against the license.
NOTE: if any portion of the above certification is deleted or modified, please attach an explanation.
Type of Print Name and Title of Agency Official Name of Licensing Agency
Signature of Agency Official Street Address
[SEAL] City State Zip
Telephone Number