



**If you were employed at numerous locations during the time period being documented, reproduce this form before you proceed.**

**CERTIFICATION OF THE CLINICAL PRACTICE OF DENTISTRY**

This Certification is for use in establishing eligibility to become licensed in California based upon credentials and must accompany the Application to Establish Eligibility for Licensure by Credential.

The undersigned certifies that \_\_\_\_\_ practiced  
 (Full name of applicant)  
 clinical dentistry in the State of \_\_\_\_\_ during the inclusive dates below:

From (M/D/Y)	To (M/D/Y)	Total Number of Hours per Year
<b>Is this employment self-employment?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
If this is <b>self-employment</b> , complete the certification below and attach a copy of <u>page 1 only</u> , of Schedule C Form 1040, for each year of qualifying practice time. Or, if <b>incorporated</b> , send <u>page 1 only</u> , of <u>Form 1120S</u> . If you were <i>not</i> self-employed, the custodian of records must sign the certification below.		
<b>Practice address during the period indicated above (include city/state/zip):</b>  		
<b>Business name and address, if different from the practice address.</b>  		
<b>Employer/Custodian of Records:</b>  		

I certify under penalty of perjury under the laws of the State of California that I am custodian of records of the business listed above, and that the above and any attachments hereto are a true and correct representation of the records of the business.

\_\_\_\_\_  
 Printed/Typed Name of Person Certifying

\_\_\_\_\_  
 Signature of Person Certifying

\_\_\_\_\_  
 Date of Signing

\_\_\_\_\_  
 Telephone number

\_\_\_\_\_  
 FAX