



APPLICANT'S DECLARATION REGARDING SPECIAL PERMIT
Business & Professions Code 1640

Initial Permit

Renewal of Permit

Name _____

THIS IS TO CERTIFY that I have read the provisions of Business & Professions Code Article 2.5, Chapter 4, Division 2, 1640, 1641, 1642; that I understand and acknowledge that when my fulltime employment is terminated at (name of dental school) _____, or when I am employed less than full time by said dental school, Special Permit will be automatically revoked. In accordance with the provisions of 1642(a), I will voluntarily surrender the permit to the Board and will no longer be eligible to practice unless I hold a California dental license. I also understand that the Special Permit authorizes practice only in my specialty area and only at the University or its affiliated institutions as approved by the Board.

I DECLARE under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

EXECUTED at _____, CA on this _____ Day of _____ 20 _____.

Signature of Applicant

Daytime Telephone Number