CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL BOARD OF CALIFORNIA

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APPLICANT'S DECLARATION REGARDING SPECIAL PERMIT

Please fill out this form in its entirety.

Applicant Name	
Name of Dental School	

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 full-time employment is terminated at the dental school named above, or when I am employed by said dental school for less than full-time, the Special Permit will be automatically revoked. In accordance with the provisions of 1642(a), I will voluntarily surrender the permit to the Board. I 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 certify under the penalty of perjury under the laws of the State of California and automatic forfeiture of my Special Permit, if one is issued, that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

Signature **Date**