



DENTAL BOARD OF CALIFORNIA

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

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



REQUEST FOR LICENSE OR PERMIT CONTINUING EDUCATION WAIVER

You may use this form to request a waiver of the continuing education (CE) requirements under Business and Professions Code section 1645 for renewal of a license or permit issued by the Dental Board of California (Board).

To qualify for a waiver of the CE requirements, the licensee or permitholder shall certify in writing that they are eligible for a waiver because the licensee has not practiced in California for more than one year due to a disability during the renewal period within which such disability falls. (California Code of Regulations (CCR), tit. 16, § 1017, subs. (m).)

A licensee who ceases to be eligible for such waiver shall notify the Board of such and shall comply with the CE requirements for subsequent renewal periods. (CCR, tit. 16, § 1017, subs. (m).) A licensee who furnishes false or misleading information to the Board regarding their CE units may be subject to disciplinary action. (CCR, tit. 16, § 1017, subs. (o).)

Last Name:		
First Name:		Middle Initial:
ADDRESS OF RECORD (THIS ADDRESS IS PUBLIC INFORMATION):		
Street Address:		
City:	State:	Zip:
LIST ALL LICENSES AND PERMITS ISSUED TO YOU BY THE DENTAL BOARD OF CALIFORNIA IN THE SECTION BELOW:		
License/Permit Type:	Number:	Renewal Period:
License/Permit Type:	Number:	Renewal Period:
License/Permit Type:	Number:	Renewal Period:
License/Permit Type:	Number:	Renewal Period:

**Certification:** I certify that the foregoing information is true and correct and I am eligible for a waiver of the continuing education requirements for my license/permit because I have not practiced dental services in California for more than one year due to a disability during the renewal period within which the disability falls.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_