STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
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PORTFOLIO EXAMINATION
CERTIFICATION OF CLINICAL EXPERIENCE COMPLETION

Candidate Name: _____

Dental College: _____

Competency Examination	Minimum Required Experiences	Date Completed
Oral Diagnosis and Treatment Planning (ODTP)	20	
Direct Restorations (DR)	60	
Indirect Restorations (IR)	14	
Removable Prosthodontics (RP)	5	
Endodontics (E)	5	
Periodontics (P)	25	

I, _____, hereby certify that the information provided is true and correct.

Signature of Clinic Director _____

Date _____