



DENTAL BOARD OF CALIFORNIA

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CERTIFICATION OF SUCCESSFUL COMPLETION OF REMEDIAL EDUCATION REQUIREMENTS FOR RE-EXAMINATION ELIGIBILITY

To be completed by Applicant: (Please print legibly or type)

Applicant Name: _____

Address: _____

Phone Number: () _____ SS#: _____

To be completed by University:

University Name: _____

Address: _____

Phone Number: () _____

Table with 4 columns: Course Title, Type of Course* (Circle), Hours Earned, Date Completed. Contains 5 empty rows for data entry.

* Key for Type of Course: C = Clinic; D = Didactic; L = Laboratory

I hereby certify that the individual named above has successfully completed the above course(s) for remedial education requirements in order to become eligible for re-examination for the California Dental Licensure Examination.

(SEAL OF COLLEGE OR UNIVERSITY)

[SIGNATURE OF DEAN]

[DATE]