FLORDIA DEPARTMENT OF HEALTH
BOARD OF DENTISTRY

INDIVIDUAL STUDY APPLICATION
INSTRUCTORS, TEACHERS AND LECTURERS

Complete this application in its entirety. If questions are not applicable, please indicate accordingly (N/A). Submit the original with all supporting documents to the address below. Be sure you sign the applicant statement. Please complete and submit a separate application for each sponsoring institution/organization. Please TYPE all responses.

I. Applicant Information

Name____License Number________________

Telephone Day( )____

Mailing Address____

City____State__________________________Zip__________

II. Teachers, Instructors and Lecturers

Title or Position____

Sponsoring
Organization/Institution____

III. Lectures Presented (day, month, year)

Course Title	Date	Year

IV. Clinical Teaching

Course Title	Date	Year

DH-MQA 1207, 5/09, Rule 64B5-1.021, FAC

V. Validation (Director of sponsoring organization must sign)

Total Lecture Hours____

Director Name & Title (Print)____

Signature of Director_______________________________________Date_________________________

VI. Applicant Statement
A COPY OF THIS STATEMENT WILL BE RETURNED TO YOU AFTER THE BOARD OF DENTISTRY HAS REVIEWED AND APPROVED YOUR APPLICATION. APPLICANT MUST SIGN STATEMENT.

I HEREBY CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND CORRECT.

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SIGNATURE LICENSE NUMBER DATE

YOU ARE REQUIRED TO KEEP YOUR OWN RECORDS FOR FOUR (4) YEARS, INCLUDING THIS AFFIDAVIT.

FOR FLORIDA STATE BOARD OF DENTISTRY USE ONLY

Subject Matter:

Date Received:

Date Approved: Approved by:

Date Approved Pending:

Sections Needing Clarification:

Deadline For Submitting Clarification:

Date Denied:

Number Of Hours Awarded:

DH-MQA 1207, 5/09, Rule 64B5-1.021, FAC