

FLORIDA DEPARTMENT OF HEALTH
BOARD OF DENTISTRY

	<p>APPLICATION FOR CREDENTIALS REVIEW FOR GRADUATES FROM NON-ACCREDITED DENTAL COLLEGES OR SCHOOLS</p> <p>DENTAL LICENSURE (Client 701)</p>	<p>DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY</p>	
<p>1. APPLICANT PROFILE DATA >Please print or type or Application will be returned</p>			
Name:	Last First Middle	Primary Telephone: Area Code ()	Business Telephone: Area Code ()
Mailing Address	Street and No. Apt. No.	Email Address (optional)	
	City State Zip	Place of Birth: (City, State, Country)	
<p>We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.</p>			
<p>RACE: Caucasian African-American Hispanic Asian Native American Other</p>		<p>SEX: Male Female</p>	<p>DATE OF BIRTH / /</p>
<p>2. DENTAL EDUCATION DATA</p>			
Name of Dental School you attended:		Date of Graduation _____	
Degree: DDS DMD BDS (Circle one)			
Location	City	State	Country
<p>3. SUPPLEMENTAL DENTAL EDUCATION DATA</p>			
Name of Supplemental Education Program:		Date of Completion _____	
Location	City	State	
<p>4. APPLICANT AFFIRMATION</p>			
<p>I understand that this review is solely for the purpose of approval to sit for the ADEX dental licensing examination and does not guarantee licensure as a dentist in the state of Florida or any other state.</p>			
Applicant Signature _____		Date _____	

For Office Use Only

Reviewer Name and Position _____

Date of Review _____

Additional Documentation Required Yes No

Approval for Examination Yes No

Approver Signature _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS FOR REVIEW

1. Credentials Evaluation – General Evaluation Report completed by the Educational Credentials Evaluators Inc. (ECE).
2. Proof of completion of a supplemental general dentistry program accredited by the Commission on Dental Accreditation, in accordance with s. 466.006(3)(b), Florida Statutes.
3. Proof of successful completion of the National Board Dental Examination (Part I and II). The documentation must be mailed to our office directly from the American Dental Association.