

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

**CERTIFICATION OF COMPLETION OF
REMEDIAL EDUCATION COURSE**

PLEASE TYPE OR PRINT

COURSE PARTICIPANT NAME

LAST

FIRST

MIDDLE

DATE OF BIRTH

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ADDRESS

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CITY

STATE

ZIP

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HOME PHONE

CELL PHONE

EMAIL ADDRESS

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DENTAL HYGIENE COMMITTEE OF CALIFORNIA (DHCC) COURSE PROVIDER INFORMATION

NAME

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DATES OF COURSE

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ADDRESS (This information is public. You may provide a P.O. Box. If you provide a physical address to the Committee, be sure to specify that the physical address is not to be used as the address of record.)

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CITY

STATE

ZIP

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PHONE

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COURSE PROVIDER'S EMAIL ADDRESS (optional)

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PLEASE ATTACH COURSE PARTICIPANT'S REMEDIAL EDUCATION PLAN

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE COURSE PARTICIPANT ABOVE SUCCESSFULLY COMPLETED A DHCC-APPROVED COURSE AND DEMONSTRATED CLINICAL COMPETENCY PURSUANT TO CALIFORNIA CODE OF REGULATIONS §1108.

PRINTED NAME OF COURSE INSTRUCTOR OR DIRECTOR

{ STAMP OR SEAL OF
COURSE PROVIDER
OR INSTITUTION }

SIGNATURE