STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL HYGIENE COMMITTEE OF CALIFORNIA
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CERTIFICATION OF DENTAL HYGIENE CLINICAL PRACTICE

The undersigned certifies that _____;
Full name of Applicant
practiced dental hygiene for the following number of hours and in the following months:

YEAR:		YEAR:		YEAR:		YEAR:		YEAR:	
	# HOURS		# HOURS		# HOURS		# HOURS		# HOURS
JAN		JAN		JAN		JAN		JAN	
FEB		FEB		FEB		FEB		FEB	
MAR		MAR		MAR		MAR		MAR	
APR		APR		APR		APR		APR	
MAY		MAY		MAY		MAY		MAY	
JUN		JUN		JUN		JUN		JUN	
JUL		JUL		JUL		JUL		JUL	
AUG		AUG		AUG		AUG		AUG	
SEPT		SEPT		SEPT		SEPT		SEPT	
OCT		OCT		OCT		OCT		OCT	
NOV		NOV		NOV		NOV		NOV	
DEC		DEC		DEC		DEC		DEC	
YEAR TOTAL		YEAR TOTAL		YEAR TOTAL		YEAR TOTAL		YEAR TOTAL	

I certify under penalty of perjury under the laws of the State of California that I am the custodian of records of the business listed below, and that the above is a true and correct representation of the records of the business.

_____ _____
SIGNATURE OF PERSON CERTIFYING DATE OF SIGNING

_____ _____
PRINTED NAME OF PERSON CERTIFYING POSITION/AUTHORITY OF PERSON CERTIFYING

_____
BUSINESS NAME

_____ _____ (___)_____
STREET ADDRESS SUITE # TELEPHONE NUMBER

_____ (___)_____
CITY STATE ZIP CODE FAX NUMBER