

Committee on Dental Auxiliaries

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CERTIFICATION OF DENTAL HYGIENE CLINICAL PRACTICE

This Certification is for use in applying for a Registered Dental Hygiene in Alternative Practice license in California and must accompany the License Application.

The undersigned certifies that

_____ (full name of applicant)

practiced dental hygiene for the following number of hours and in the following months:

Year:	# Hrs.	Year:	# Hrs.	Year:	# Hrs.	Year:	# Hrs.	Year:	# Hrs.
January		January		January		January		January	
February		February		February		February		February	
March		March		March		March		March	
April		April		April		April		April	
May		May		May		May		May	
June		June		June		June		June	
July		July		July		July		July	
August		August		August		August		August	
September		September		September		September		September	
October		October		October		October		October	
November		November		November		November		November	
December		December		December		December		December	
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.

Name of Person Certifying

_____ Signature of Person Certifying

Date of Signing

_____ Telephone Number

_____ FAX Number

_____ Name of Business

_____ Address of Business

_____ City, State, Zip