



BOARD OF DENTISTRY	APPLICATION FOR CREDENTIALS REVIEW FOR GRADUATES FROM NON-ACCREDITED DENTAL COLLEGES OR SCHOOLS  DENTAL LICENSURE (Client 701)	DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY	
<b>1. APPLICANT PROFILE DATA</b> <span style="float: right; font-size: small;">&gt;Please print or type or Application will be returned</span>			
Name:	Last <span style="margin-left: 100px;">First</span> <span style="margin-left: 100px;">Middle</span>	Primary Telephone: Area Code (    )	Business Telephone: Area Code (    )
Mailing Address	Street and No. <span style="margin-left: 150px;">Apt. No.</span>	Email Address (optional)	
	City <span style="margin-left: 100px;">State</span> <span style="margin-left: 50px;">Zip</span>	Place of Birth: <span style="float: right;">(City, State, Country)</span>	
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.			
<b>RACE:</b> Caucasian    African-American    Hispanic    Asian    Native American    Other <b>SEX:</b> Male    Female <b>DATE OF BIRTH</b> /    /			
<b>2. DENTAL EDUCATION DATA</b>			
Name of Dental School you attended:		Date of Graduation _____	
Degree:    DDS    DMD    BDS    (Circle one)			
Location	City	State	Country
<b>3. SUPPLEMENTAL DENTAL EDUCATION DATA</b>			
Name of Supplemental Education Program:		Date of Completion _____	
Location	City	State	
<b>4. APPLICANT AFFIRMATION</b>			
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.			
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.