FLORIDA DEPARTMENT OF HEALTH

Rick Scott
Governor

FLORIDA STATE BOARD OF DENTISTRY
INDIVIDUAL STUDY APPLICATION
INSTRUCTORS, TEACHERS AND LECTURERS

Complete this application in its entirety. If questions are not applicable, please indicate accordingly (N/A). Submit the original with all supporting documents to the address below. Be sure you sign the applicant statement. Please complete and submit a separate application for each sponsoring institution/organization. Please TYPE all responses.

I. Applicant Information

Name_____License Number_____

Telephone Day( )_____

Mailing Address_____

City_____State_____Zip_____

II. Teachers, Instructors and Lecturers

Title or Position_____

Sponsoring
Organization/Institution_____

III. Lectures Presented (day, month, year)

Course Title	Date	Year

IV. Clinical Teaching

Course Title	Date	Year

DH-MQA 1207, 5/09, Rule 64B5-1.021, FAC

V. Validation (Director of sponsoring organization must sign)

Total Lecture Hours_____

Director Name & Title (Print)_____

Signature of Director_____Date_____

VI. Applicant Statement

A COPY OF THIS STATEMENT WILL BE RETURNED TO YOU AFTER THE BOARD OF DENTISTRY HAS REVIEWED AND APPROVED YOUR APPLICATION. APPLICANT MUST SIGN STATEMENT.

I HEREBY CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND CORRECT.

_____

SIGNATURE LICENSE NUMBER DATE

YOU ARE REQUIRED TO KEEP YOUR OWN RECORDS FOR FOUR (4) YEARS, INCLUDING THIS AFFIDAVIT.

FOR FLORIDA STATE BOARD OF DENTISTRY USE ONLY

Subject Matter:

Date Received:

Date Approved: Approved by:

Date Approved Pending:

Sections Needing Clarification:

Deadline For Submitting Clarification:

Date Denied:

Number Of Hours Awarded:

DH-MQA 1207, 5/09, Rule 64B5-1.021, FAC