FLORIDA DEPARTMENT OF HEALTH

DENTAL AND DENTAL HYGIENE RE-EXAMINATION APPLICATION

Mail to:
Department of Health
Post Office Box 6330
Tallahassee, FL 32314-6330
(850) 245-4474

1. APPLICATION CATAGORY

[ ] DENTAL - DN [ ] DENTAL - DH

[ ] Re-examination (00710) [ ] Re-examination (007110)

DO NOT WRITE IN THIS SPACE

File #_____

2. APPLICANT PROFILE DATA: *Please type or print in black ink.*

Name	Last	First	Middle
Mailing Address	Number and Street		Apt. No.
	City	State	Zip
Permanent Address	C/O	Number and Street	City/State/Zip

Home Telephone:( ) Business Telephone:( )

Place of Birth: (City/State/Country)

Date of Birth:_____/_____/_____

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? If yes, list the name(s) and date(s) of change below:

☐ No ☐ Yes

3. EXAMINATION HISTORY AND SCHEDULING DATA

Please indicate the part of the examination previously passed:

Examination: _____

Date: _____

Examination parts to be taken:

Written [ ] [ ] Entire

Practical [ ]

4. EQUAL OPPORTUNITY DATA

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) 43FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: ☐ Male ☐ Female

RACE: ☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Other

5. SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability, or if you have a religious conflict with the scheduled examination date. If yes, contact Testing Services immediately at (850) 245-4252 for detailed information and application. All requests must be in writing and include supporting documents. ☐ Yes ☐ No

FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE

Category:_____ # of Retakes:_____

Original Receipt #:_____ Exam Site:_____

School Code:_____ Exam Date:_____

Exam Code:_____ Candidate #:_____

ATTACH 2 PHOTOS

**Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, sections 653 and 654; and sections 455.203(9), screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility at Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L 193, Section 317.