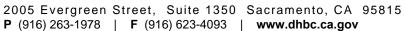


DENTAL HYGIENE BOARD OF CALIFORNIA





CERTIFICATION OF DENTAL HYGIENE CLINICAL PRACTICE

YEAR:		YEAR:		YEAR:		YEAR:		YEAR:	
	# Hours		# Hours		# Hours		# Hours		# Hours
JAN		JAN		JAN		JAN		JAN	
EB		FEB		FEB		FEB		FEB	
MAR		MAR		MAR		Mar		MAR	
\PR		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	
ОСТ		Ост		Ост		Ост		Ост	
VOV		Nov		Nov		Nov		Nov	
DEC		DEC		DEC		DEC		DEC	
EAR		YEAR		YEAR		YEAR		YEAR	
TOTAL		TOTAL		TOTAL		TOTAL		TOTAL	
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recor		ısiness.	ted below, a	ind that th	e above is a	a true and	correct repr		
recor recor	ds of the bu	ISINESS. N CERTIFYING		ind that th				of Signing	
recor recor SIGNA PRINT	rds of the bu	ISINESS. N CERTIFYING		ind that th	——- -		— DATE	of Signing	