



Virginia Department of
Health Professions
Board of Dentistry

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**FORM B
CHRONOLOGY**

**ONLY APPLICABLE TO LICENSURE BY CREDENTIALS
(Or LICENSURE BY EXAMINATION IF EXAM WAS COMPLETED OVER 5 YEARS)**


APPLICANT NAME: _____

Every applicant must provide a complete chronological, personal, and professional history of all activities you have engaged in since receiving your degree or certification, including teaching positions, all periods of non-professional activity or employment, volunteer work and all periods of unemployment. **Curriculum vitae and resumes are not accepted as substitutes for completing the chronological listing and will not be considered.**



Only applicants for dental **licensure by credentials** are required to provide the Number of Hours of Clinical Practice. You must report the number of hours you were engaged in clinical practice for each dental position you held within the six-year period prior to submitting this application. Report multiple year positions as hours per calendar year, i.e., 600 hours in 2004 or 1000 hours each year for 2001 - 2004.

Form B may be photocopied if additional space is needed.

FROM Month/Year	TO Month/Year	POSITION/ACTIVITY	Employer/Contact Person for practice verification and the person's Complete Address, and Telephone #	 Number of Clinical Practice Hours Per Year