

## Application Summary

5/9/19 5:14 PM

Page 1 of 3

License Type:	Dentist
License Number:	██████
File Number:	51564
Application:	DDS - Renewal Application
Application Number:	6821663
Application Date:	05/09/2019 (mm/dd/yyyy)

### Application Questions

Have you served, or are you currently serving, in the U.S. Armed Forces?	No
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### Personal Detail

First Name:	KARYNA
Last Name:	SHULIAK
Birthdate:	**/**/****

### Addresses

#### License Related Addresses

##### Address of Record

Warning:	In order to protect your privacy and identity, address will not be displayed.
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### Renewal Questions

Do you certify that you have completed and can provide proof, upon request by the Board, that you meet the continuing education requirements as define by Title 16, California Code of Regulations Section 1017? Select "First Renewal" if the following is true: I am exempt from continuing education because this is my first renewal.	No
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Do you certify that you have furnished a full set of fingerprints to the Department of Justice as required by Title 16, California Code of Regulations Section 1008?	Yes
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Since you last renewed, have you had any license disciplined by a government agency or other disciplinary body; or have you been convicted of any crime in any state in the USA and its territories, military court or a foreign country?	No
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Current Dental License Status:	Inactive
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### Workforce Survey



License Number:	██████████
License Type:	DDS
Employment Status:	Other practice or employment status
Zip Code:	802
Hours Each Week:	0
Total Years:	None

#### Workforce Survey Practice & Certs

General Practice	Y
Prosthodontics	N
Maxillofacial	N
Oral Pathology	N
Endodontics	N
Public Health	N
Orthodontics	N
Facial Cosmetic Surgery	N
Oral Radiology	N
Pediatric Dentistry	N
Periodontics	N
General Anesthesia	N
Oral Conscious Sedation	N
Conscious Sedation	N

#### Workforce Survey Ethnic Background

Decline to State	Y
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#### Workforce Survey Foreign Language Attachments

#### Fees

Biennial Renewal fee for Inactive DDS	\$650.00
Total Amount Due:	\$650.00

Applications are not considered submitted for processing until payment is received.

#### Attestation



1557447270457

EFTA00524027

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Signature:

Date:

