

PART I

CARSON LEROY KLEKER	A68	99	93	93	93	97	95	95	95
NAME	EXAMINATION DATE	GROSS ANATOMY	MICROBIOLOGY	PHYSIOLOGY	GENERAL PATHOLOGY	HISTOLOGY AND EMBRYOLOGY	BIOCHEMISTRY	DENTAL ANATOMY	AVERAGE

PART II

680308	70	UCLA	A70	99	96	90	93	94	94	92	94
REFERENCE NUMBER	YEAR OF GRADUATION	SCHOOL NAME	EXAMINATION DATE	OPERATIVE DENTISTRY	PHARMACOLOGY	PROSTHODONTICS	ORAL SURGERY AND ANESTHESIA	ORTHODONTICS PERIODONTICS	DENTAL PATHOLOGY RADIOLOGY	ENDODONTICS PERIODONTICS	AVERAGE

PLEASE USE THIS REFERENCE NUMBER IN ALL COMMUNICATIONS TO THE COUNCIL.

**COUNCIL OF NATIONAL BOARD
OF DENTAL EXAMINERS
AMERICAN DENTAL ASSOCIATION**

FINAL REPORT CANDIDATE HAS PASSED ALL NATIONAL BOARD DENTAL EXAMINATIONS

STATE OF CALIFORNIA—DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS

RONALD KE

BOARD OF DENTAL EXAMINERS

1021 O STREET, ROOM A-198
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: 916-445-6407

LeRoy Kleker Carson DDS
4530 Tyrone Avenue
Sherman Oaks, California 91403

Dear Doctor:

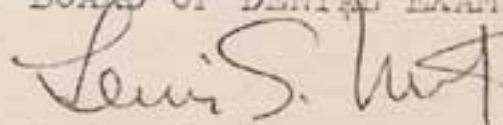
The Board of Dental Examiners is pleased to notify you that you were successful in passing the recent examination for licensure to practice dentistry in California.

Before the Board may grant you a license and register you as a licensed dentist it is required that you pay an initial fee of \$20. This fee will keep your license active until April 30, 1972 at which time you will be notified to renew your license.

Your immediate attention to this matter will be appreciated.

Very truly yours,

BOARD OF DENTAL EXAMINERS



Lewis E. Martin, D.D.S.
Secretary