REQUEST FOR EXTENSION/EXEMPTION OF CONTINUING EDUCATION REQUIREMENTS

IOWA DENTAL BOARD

400 S.W. 8th St, Suite D • Des Moines, IA 50309-4687 Phone (515) 281-5157 • <u>www.dentalboard.iowa.gov</u>

Pursuant to Iowa Administrative Code 650—25.7(153), the board may, in individual cases involving physical disability or illness, grant an exemption of the minimum education requirements or an extension of time to fulfill the requirements. Exemptions or extensions may be granted for any period of time not to exceed one year. As a condition of exemption, the board may also require the applicant to make up a certain portion or all of the education requirements. To request an exemption or extension, you must complete the following form in its entirety. Your treating physician must also complete and sign this form.

Trainio	License/Regis	License/Registration Number	
Home Address	City	Stat	
Profession: Dentist	Dental Hygienist	☐ Dental Assistant	
Request for: Exemption Extension		hours	
Reason for the request:			
• •	rovide an account of the applicant's nine whether to grant the request for	•	
• •	• •	•	
	• •	•	
be used by the board to detern	nine whether to grant the request fo	or exemption or extension	
be used by the board to detern	• •	or exemption or extension	
be used by the board to detern Physician's Signature	nine whether to grant the request fo	or exemption or extension	

CO	ompliance period.		
Date	Course Title	Sponsor and Location	Credit Hours
		Total Hours	
10. A	pplicant's Signature	Date	
Р	hone Number:	Fax Number:	
F	-mail:		
_			
	be contacted after the board has eks for a response.	reviewed your request. Please allow a mini	mum of
MAIL CO	OMPLETED APPLICATION TO:		
400 S.W	ntal Board . 8 th Street, Suite D nes, Iowa 50309-4687		

Please complete the following list specifying the number of hours completed during the

9.