

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 ♦ www.dentalboard.iowa.gov

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.

1. Name _____ License/Registration Number _____

2. Home Address _____ City _____ State _____

3. Profession: Dentist Dental Hygienist Dental Assistant

4. Request for: Exemption Extension
If so, for how many hours _____
If so, for how long _____

6. Reason for the request:

7. **Treating Physician:** Please provide an account of the applicant's disability or illness, which will be used by the board to determine whether to grant the request for exemption or extension.

8. Physician's Signature _____ Date _____

Work Address _____ City _____ State _____

Physician's License Number _____

