



Faculty Certification

The Iowa Dental Board requires that the college or university, where the faculty member is employed, complete this form verifying employment as a faculty member. The completed form must be returned directly to the Iowa Dental Board.

The applicant's signature authorizes the release of information, favorable or otherwise, directly to the Iowa Dental Board.

Name of Faculty Member: _____

Signature of Faculty Member: _____ **Date:** _____

Pursuant to Iowa Administrative Code 481—572.9(153), the dean of the college of dentistry, chairperson of a dental hygiene program, or other designated administrative official must certify to the board those bona fide members of the college's faculty who are not licensed to practice dentistry or dental hygiene in the state of Iowa.

Accredited School: _____

Address: _____

City, State, Zip: _____

Yes ☐ No ☐ I certify that the individual named above is employed as a faculty member at this school.

Name of Dean or Other Administrative Official by: _____

Title: _____ **Email:** _____

Signature: _____ **Date:** _____

IOWA DENTAL BOARD
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Des Moines, IA 50321
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School Seal