

FACULTY CERTIFICATION

As part of the application process, the Iowa Dental Board requires that the college or university, where you are employed as a faculty member, complete this form. The completed form must be mailed directly to the Iowa Dental Board.

Applicant's Name _____

Applicant's Signature _____ Date _____

This portion of the form should be completed by the college, where the faculty member is employed.

Pursuant to Iowa Administrative Code 650—13.2(2), 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.

I hereby certify that _____ is employed as a faculty member at _____.

Print Name of Dean or Other Administrative Official: _____

Address: _____

Telephone: _____ Fax: _____

Signature: _____

Return Completed Form to:
IOWA DENTAL BOARD
6200 Park Ave. #100
Des Moines, IA 50321
Phone (515) 281-5157