IOWA | Department of Inspections, Appeals, & Licensing

Resident Certification

The Iowa Dental Board requires that the college or university, where you are enrolled as a resident, complete this form. 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 Resident: _____

Signature of Resident: _____ Date: _____

Residency Program Information

Residency Program or Dept. Affiliation(s): _____

Program Start Date: _____ Expected Completion Date: _____

Resident Supervisor

Pursuant to Iowa Administrative Code 481—572.8(153), the supervising dentist or faculty member must certify to the supervision of the resident specifying the time and manner of supervision.

Yes ☐ No ☐ I agree to exercise supervision and direction over the applicant.

Person Responsible for Supervision of the Resident: _____

License/Permit #: _____ Signature: _____

Enrollment

Pursuant to Iowa Administrative Code 481—572.8(153), the dean of the college of dentistry, or another designated administrative official must certify to the enrollment of the applicant in a residency program.

Yes ☐ No ☐ I certify that the individual named above is enrolled in the residency program indicated below.

Signature of Dean or Other Official: _____ Date: _____

Printed Name: _____ Title: _____

IOWA DENTAL BOARD
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