## **Certification of Dental Hygiene Education**

This Certification of Dental Hygiene Education serves to verify that the following applicant for dental hygiene license has completed all of the requirements and has graduated with a diploma or degree in dental hygiene as indicated below.

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

lowa Dental Board.	
Name of Student:	
Signature of Student:	Date of Birth:
Accredited Dental Hygiene School:	
Address:	
City, State, Zip: Degr	ee/Diploma Issued on:
CODA accredited at the time the student graduated? Yes $\Box$	No □
I certify that the student named above successfully completed a dental hygiene education program. The student was granted a degree or diploma in dental hygiene.	
<ul> <li>Did the student ever receive a warning or reprimand? *</li> </ul>	Yes □ No □
Was the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed on probation or otherwise of the student ever placed ever placed on probation or otherwise of the student ever placed	disciplined? * Yes □ No □
*If yes, please include a statement providing the details about the action	taken.
Local Anesthesia Training	
The student also successfully completed a course in the administration of local anesthesia during the course of their curriculum. Yes $\Box$ No $\Box$	
Form Completed by:	Title:
Email:	Phone:
Signature:	Date:
IOWA DENTAL BOARD 6200 Park Ave. #100 Des Moines, IA 50321 IDB@lowa.gov	School Seal

## **Instructions for Completion of Certification of Education**

As part of the application process, the Iowa Dental Board requires that the school at which the applicant received her/his dental hygiene education to complete this form. The form should be completed by staff that can fully verify applicant's receipt of the degree or diploma.

You may send this by email to IDB@iowa.gov; however, a completed certification must still be mailed directly from the school to the IOWA DENTAL BOARD. Licenses will not be finalized until the original Letter of Certification of Dental hygiene Education is received by mail.

Please make sure that this form is complete and includes whether there was any reprimand or probation. If you responded yes to the reprimand or probation, please submit written documentation detailing the specifics of the reprimand or probation.

**IOWA DENTAL BOARD** 

6200 Park Ave. #100 Des Moines, IA 50321 IDB@lowa.gov