



## Certification of Dental Education

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

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

\_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Accredited Dental School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Degree/Diploma Issued on:** \_\_\_\_\_

**CODA accredited at the time the student graduated?** Yes  No

- I certify that the student named above successfully completed the dental education program. The student was granted a \_\_\_\_\_ degree in dentistry.
- Did the student ever receive a warning or reprimand? \* Yes  No
- Was the student ever placed on probation or otherwise disciplined? \* Yes  No

\*If yes, please include a statement providing the details about the action taken.

**Form Completed by:** \_\_\_\_\_

**Title:** \_\_\_\_\_

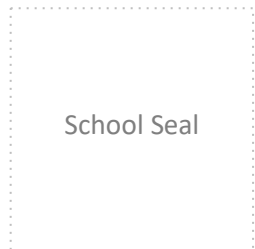
**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**IOWA DENTAL BOARD**  
6200 Park Ave. #100  
Des Moines, IA 50321  
[IDB@iowa.gov](mailto:IDB@iowa.gov)



## **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 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](mailto: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 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@iowa.gov](mailto:IDB@iowa.gov)