



Certification of Dental Assisting Education

This Certification of Dental Assisting Education serves to verify that the following applicant for dental assisting registration has completed all of the requirements and has graduated with a diploma or degree in dental assisting 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 Assisting 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 a dental assisting education program and was granted a degree or diploma in dental assisting.

- 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 concerning action taken.

Form Completed by: _____

Title: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

IOWA DENTAL BOARD
6200 Park Ave. #100
Des Moines, IA 50321
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 assisting education 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. Registrations will not be finalized until the original Certification of Dental Assisting Education is received by mail.

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