

## VERIFICATION DISCLOSURE FORM

**Complete this form and mail to arrive in the WREB office within 5 days of completing your online application or the Application Deadline, whichever comes first.**

If you have your course certification documentation ready at this time, mail them to the WREB office with this form. If you choose to send the documentation at a later date, remember: **You must mail the applicable course certification document(s) to be received in the WREB office no later than 3 weeks prior to the first day of the exam.** (Exception: anesthesia and restorative candidates who will complete the course less than three weeks prior to the examination may bring course certification to the exam site).

Complete the applicable section(s) below indicating the course certification document(s) that you will be providing.

Name \_\_\_\_\_ Exam Site \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Exam Site \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Exam Site \_\_\_\_\_ Date \_\_\_\_\_

### VERIFICATION FOR DENTAL HYGIENE EXAMINATION

Acceptable verification consists of one of the following (please check one box):

- \*\*\*Required** for graduating seniors: **Certification** form from this application document, properly completed and signed by your dean/director, with the school seal affixed.
- A copy of your diploma attesting to your graduation.
- An original letter (on school stationary) from your school, **with the school seal affixed**, attesting to your graduation.
- A copy of your official school transcript indicating the dental hygiene degree received.
- Acceptable dental hygiene verification (one of the above) will be mailed to the WREB office before the three-week deadline.

### VERIFICATION FOR ANESTHESIA EXAMINATION

Acceptable verification consists of one of the following (please check one box):

- Certification** form from this application document, properly completed and signed by your school dean/director, with the school seal affixed.
- An original letter (on school stationary) or certificate of course completion from the school where you took your anesthesia course signed by the dean/director, **with the school seal affixed**.
- A copy of your official school transcript with the anesthesia course highlighted.
- Acceptable anesthesia course verification (one of the above) will be mailed to the WREB office before the three-week deadline.
- Acceptable anesthesia course verification will be brought to the exam site (for courses to be completed within 3 weeks of the exam).

### VERIFICATION FOR RESTORATIVE EXAMINATION

Acceptable verification consists of one of the following (please check one box):

- Certification** form from this application document, properly completed and signed by your school dean/director, with the school seal affixed.
- An original letter (on school stationary) or certificate of course completion from the school where you took your restorative course signed by the dean/director, **with the school seal affixed**.
- A copy of your official school transcript with the restorative course highlighted.
- Acceptable restorative course verification (one of the above) will be mailed to the WREB office before the three-week deadline.
- Acceptable restorative course verification will be brought to the exam site (for courses to be completed within 3 weeks of the exam).

## CERTIFICATION FORM

☆ Certification section(s) is not valid without the signature of the Dean/Director.

The following certification sections may be used for the exam(s) for which the candidate is applying. All applicable certification sections must be completed and signed by the school Dean/Director on the designated line(s). The ***school seal must be affixed*** in the appropriate location with the name of the accredited hygiene school.

### HYGIENE

This is to certify that \_\_\_\_\_ is currently a student in his/her final semester and  
*Applicant's Name*

is expected to successfully complete all requirements for graduation on \_\_\_\_\_.  
*Expected Date of Graduation (mo/yr)*

\_\_\_\_\_  
☆ *Signature of Dean/Director*

### ANESTHESIA

This is to certify that \_\_\_\_\_ has successfully completed an anesthesia course  
*Applicant's Name*

on \_\_\_\_\_.  
*Date of Completion (mo/yr)*

\_\_\_\_\_  
☆ *Signature of Dean/Director*

### RESTORATIVE

This is to certify that \_\_\_\_\_ has successfully completed a restorative course  
*Applicant's Name*

on \_\_\_\_\_.  
*Date of Completion (mo/yr)*

\_\_\_\_\_  
☆ *Signature of Dean/Director*

**School Seal**

\_\_\_\_\_  
*Name of Accredited Hygiene School*