

Name _____ Exam Site _____ Date _____
Address _____ Exam Site _____ Date _____
City _____ State/Zip _____ Exam Site _____ Date _____

COURSE CERTIFICATION FORM

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.*

**Affix
School Seal
Here**

Name of Accredited Hygiene School

HYGIENE

This is to certify that _____ is currently a student in his/her final semester
Applicant's Name
and is expected to successfully complete all requirements for gradation on _____.
Expected Date of Graduation (mo/yr)

☆ *Signature of Dean/Director*

ANESTHESIA

This is to certify that _____ has successfully completed an anesthesia
Applicant's Name
course on _____.
Date of Completion (mo/yr)

☆ *Signature of Dean/Director*

- Acceptable ANESTHESIA course verification will be brought to the exam site (for courses to be completed within 3 weeks of the exam).

RESTORATIVE

This is to certify that _____ has successfully completed an restorative
Applicant's Name
course on _____.
Date of Completion (mo/yr)

☆ *Signature of Dean/Director*

- Acceptable RESTORATIVE course verification will be brought to the exam site (for courses to be completed within 3 weeks of the exam). * **NOTE:** Restorative courses must be from a CODA-approved Dental Hygiene school OR approved by the Washington State Department of Health Dental Hygiene Program.

☆ Certification section(s) *not valid without* Signature of School Dean/Director.