

Applicant Name _____ Exam Site _____ Date _____

Address _____ Exam Site _____ Date _____

City _____ State/Zip _____ Exam Site _____ Date _____

COURSE CERTIFICATION FORM

**Affix
School Seal
Here**

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.*

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 graduation 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 original 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 original 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.