

**CANDIDATE INFORMATION** (Required)

Name \_\_\_\_\_

Exam Site/Date \_\_\_\_\_

**EFDA RESTORATIVE COURSE CERTIFICATION FORM**

**ELIGIBILITY REQUIREMENT:** To be eligible to attempt the WREB Restorative Clinical Exam, candidates must meet the following requirement and provide the appropriate proof of qualification documentation:

**Successful COMPLETION of a Restorative course(s) from an CODA-accredited dental hygiene school.\***

**\*EFDA Exception:** Programs or courses approved by the New Mexico Board of Dental Health Care **OR** Washington State Department of Health Dental Quality Assurance Commission. Be advised that these courses may not qualify for certification in any other state.

**SUBMITTING FORM:**

**MAIL: Original form ONLY.** All fields required, including Dean/Director signature AND school seal.  
**Send to: WREB-Hygiene Department, 23460 N. 19th Avenue, Ste. 210, Phoenix, AZ 85027**

**EMAIL: Dean/Director ONLY from authorized email and/or fax number.** All fields required except school seal. Form not accepted if sent from candidate or unauthorized faculty.  
**Send to: hygieneinfo@wreb.org or 602-371-8131**



**RESTORATIVE SCHOOL** (Required)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

**RESTORATIVE NOTE:** For courses ending *less than 3* weeks prior to the first day of the Clinical exam, Candidates may submit original restorative course certification at the exam site. Contact the WREB office for more information. **Restorative certification NOT accepted in advance of course completion.**

**EFDA RESTORATIVE COURSE**

This is to certify that \_\_\_\_\_ has successfully **COMPLETED** a restorative  
*Restorative Student Name*

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

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

***Original certification form not valid if submitted in advance of restorative course completion or without School Seal AND Dean/Director Signature.***