

CANDIDATE INFORMATION (Required)

Name _____

Exam Site/Date _____

DENTAL HYGIENE STUDENT CERTIFICATION FORM

ELIGIBILITY REQUIREMENT: To be eligible to attempt the WREB Dental Hygiene Clinical Exam, candidates must meet the following requirement and provide the appropriate proof of qualification documentation (this form):

STUDENT: Current enrollment in the final semester of a degree program of a CODA-accredited dental hygiene school.

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



DENTAL HYGIENE SCHOOL (Required)

Name _____

Address _____

City/ST/Zip _____

DENTAL HYGIENE

This is to certify that _____ is currently a student in his/her final semester of
Dental Hygiene Student Name

the dental hygiene program and is expected to successfully complete all requirements for graduation on

Expected Date of Graduation (mo/yr)

☆ *Signature of Dean/Director*

Confirmation of Local Anesthesia Administration Eligibility. Student has completed the requisite local anesthesia coursework; and demonstrated clinical competency in the administration of local anesthetics; and is qualified to administer local anesthetics to their patient during the WREB Dental Hygiene Clinical Examination.

Date of Local Anesthesia Course Completion (mo/yr): _____ **REQUIRED**

Original certification form not valid without School Seal AND Dean/Director Signature.