

DENTAL HYGIENE SCHOOL

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

DEAN/DIRECTOR

NAME: _____

PHONE: _____

EMAIL: _____

Dental Hygiene Exam Eligibility. This is to certify that the following students are in their final semester of the dental hygiene program; are expected to successfully complete all didactic and coursework requirements for graduation; and have demonstrated clinical competency sufficient to attempt the WREB Dental Hygiene Patient-based, Manikin Clinical Exam and/or WREB Dental Hygiene Objective Structured Clinical Examination (OSCE).

Confirmation of Local Anesthesia Administration Eligibility. This is to certify that the noted Students have also completed the requisite local anesthesia coursework; and demonstrated clinical competency in the administration of local anesthetics; and are qualified to administer local anesthetics to their patient during the WREB Dental Hygiene Patient-based Clinical Exam.



SUBMIT FORM: Dean/Director ONLY from authorized email. All fields required except school seal. Form not accepted if sent from candidate or unauthorized faculty.
 Send to: hygieneinfo@cdcawreb.org

 SIGNATURE OF DEAN/DIRECTOR (REQUIRED)

	Student Name	ANTICIPATED DATE OF GRADUATION	WREB Dental Hygiene Exam Types		
			HYGIENE PATIENT-BASED or MANIKIN EXAM	HYGIENE OSCE EXAM	LOCAL ANESTHESIA (COURSE COMPLETION DATE)
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