

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: CDCA-WREB HYG Dept, 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@cdcawreb.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.