

**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: 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



**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.**