

CANDIDATE INFORMATION (Required)

Name _____

Exam Site/Date _____

RESTORATIVE COURSE CERTIFICATION FORM

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

STUDENT: Current enrollment in the degree program of a CODA-accredited dental hygiene school AND certification of successful COMPLETION of a restorative course(s).

GRADUATE: Successful completion of a degree program from a CODA-accredited dental hygiene school AND certification of successful COMPLETION of a restorative course(s).

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 _____

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.**

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.