

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 degree program of an ADA-accredited dental hygiene school.

SUBMITTING FORM:

MAIL: All fields must be completed and signed by the school's Dean/Director on the designated line(s). The School Seal must be affixed and the name of the school indicated.

Mail Original to: **WREB - Hygiene Dept., 23460 N 19th AVE, STE 210, Phoenix, AZ 85027**

ELECTRONICALLY: All fields must be completed and signed by the school's Dean/Director on the designated line(s). The School Seal is **not** required when sent electronically by the school's authorized contact.

Note: Course Certificates will not be accepted if emailed from Candidates or unauthorized Faculty.



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*