

**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 an ADA-accredited dental hygiene school AND certification of successful COMPLETION of a restorative course(s).

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

**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 \_\_\_\_\_

**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 will not be 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*

☆ ***Certification not valid if submitted in advance of restorative course completion.***