



Certification of Dental Education

This Certification of Dental Education serves to verify that the following applicant for dental license has completed the educational requirements and has graduated with a diploma or degree in dentistry as indicated below.

The applicant's signature authorizes the release of information, favorable or otherwise, directly to the Iowa Dental Board.

Name of Student: _____

Signature of Student: _____ Date of Birth: _____

Accredited Dental School: _____

Address: _____

City, State, Zip: _____ Degree/Diploma Issued on: _____

CODA accredited at the time the student graduated? Yes ☐ No ☐

- I certify that the student named above successfully completed the dental education program. The student was granted a _____ degree in dentistry.
- Did the student ever receive a warning or reprimand? * Yes ☐ No ☐
- Was the student ever placed on probation or otherwise disciplined? * Yes ☐ No ☐

*If yes, please include a statement providing the details about the action taken.

Form Completed by: _____

Title: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

IOWA DENTAL BOARD

6200 Park Ave. #100

Des Moines, IA 50321

IDB@iowa.gov

School Seal

Instructions for Completion of Certification of Education

As part of the application process, the Iowa Dental Board requires that the school at which the applicant received her/his dental education to complete this form. The form should be completed by staff that can fully verify applicant's receipt of the degree or diploma.

You may send this by email to IDB@iowa.gov; however, a completed certification must still be mailed directly from the school to the IOWA DENTAL BOARD. Licenses will not be finalized until the original Letter of Certification of Dental Education is received by mail.

Please make sure that this form is complete and includes whether there was any reprimand or probation. If you responded yes to the reprimand or probation, please submit written documentation detailing the specifics of the reprimand or probation.

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