



Ohio State Dental Board
77 S. High Street, 17th Floor
Columbus, Ohio 43215-6135

(614) 466-2580 Tel
(614) 752-8995 Fax
Dental.Ohio.Gov

CERTIFICATE OF DENTAL HYGIENE COLLEGE

***Certificate of Dental Hygiene College**

I hereby certify that matriculated at
Applicant's Name **Dental Hygiene School**
School of Dental Hygiene on He/She attended and successfully completed a
Day **Month** **Year**
full course on dental hygiene comprised of years of instruction, graduated on the day of
 Years **Day**
Month **Year**

I further certify that I know of no reason why the applicant should not be licensed to practice dental hygiene in the state of Ohio.

SEAL Signature of Director Date

Attention: A RAISED SEAL will not show on a scanned document. Please take a photo of this document to upload to your online application OR make seal visible with a black crayon by rubbing the seal on a hard surface before scanning.

Options for Certificate of Dental College- (Diploma not accepted)

1. *The above portion of the application must be signed and sealed after graduation date.
2. Certification Letter from school stating the same information as above, signed and sealed after graduation date.
3. Official Transcripts with Graduation date.