



Ohio State Dental Board
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Certificate of Dental College

***Certificate of Dental College Form**

I hereby certify that matriculated at

Applicant's Name

Dental School

Dental College on He/She attended and successfully completed a full
Day Month Year

Course in dentistry and graduated with the degree of DDS/DMD on .
Day Month Year

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

SEAL
here

Signature of Dean

Date

**Certificate of Dental College Form information and options below –
Diplomas are not accepted**

1. *The above portion of the form must be signed by the Dean AFTER the graduation date. And the School Seal must be visible and legible – ink seals are recommended. A raised seal will need to be made visible before uploading to the application.
2. **Option 2 - Certification Letter** on Letterhead from school stating the same information as above, signed by the Dean AFTER the graduation date. And the School Seal must be visible and legible – ink seals are recommended. A raised seal will need to be made visible before uploading to the application.
3. **Option 3 - Official Transcripts** with Degree Received and Date Conferred. Transcripts must be on school paper, and or have school seal verifying authenticity.