



Ohio State Dental Board
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Certification of Clinical Training

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I hereby certify that matriculated at
Applicant's Name **Accredited Institution**

Dental College and completed years of clinical training in
of years **Accredited Program**

From to . I further certify that I know of no reason why the applicant should
Date **Date**

not be licensed to practice dentistry in the state of Ohio.

SEAL
here

Signature of Program Director

Date

Printed Name of Program Director

License Number

This form is required for the Initial Dental Licensure for Graduates of an Unaccredited Dental College located outside the United States - Application.

*The above portion of the form must be signed by the Program Director **AFTER the completion 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.