



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

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(614) 752-8995 Fax  
Dental.Ohio.Gov

Certificate of Dental College

**\*Certificate of Dental College**

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**

Signature of Dean

Date

**School SEAL – must be visible with school name legible.**

**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. Transcripts with Graduation date.