



Ohio State Dental Board
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Certificate Of Dental Hygiene College

***Certificate of Dental Hygiene College Form**

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
here

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

1. *The above portion of the form must be signed by the Director 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 Director 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.