



Ohio State Dental Board
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CERTIFICATE OF DIRECTOR OF CONTINUING EDUCATION PRACTICUM

REQUIRED

CERTIFICATE OF DIRECTOR OF CONTINUING EDUCATION PRACTICUM

I , Director of the
Name of Director **Name of Institution**

Continuing Education Practicum, hereby certify that has been
Name of Applicant

Accepted for continuing education in the course titled which
Course Name

will commence on date, and which will be completed on
DATE **DATE**

I certify that there will be no more than thirty days of actual patient treatment in any year. The applicant will be under the direct supervision of an Ohio Licensed Dentist. The Ohio State Dental Board has been notified of the program, and it has been granted appropriate approval.

Signature of Program Director Date