



Ohio State Dental Board
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Columbus, Ohio 43215-6135

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Dental.Ohio.Gov

CERTIFICATE OF DENTAL HYGIENE COLLEGE

***Certificate of Dental Hygiene College**

I hereby certify that matriculated at

School of Dental Hygiene on He/She attended and successfully completed a
Day **Month** **Year** **Dental Hygiene School**

full course on dental hygiene comprised of years of instruction, graduated on the day of
 ,
Month **Year** **Years** **Day**

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

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. Official Transcripts with Graduation date.