

77 South High Street, 17th Floor  
Columbus, Ohio 43215-6135



614/466-2580 • Fax: 614/752-8995  
www.dental.ohio.gov

# OHIO STATE DENTAL BOARD

## REQUEST FOR CONTINUING EDUCATION EXTENSION / WAIVER

The Ohio State Dental Board (Board) may waive any or all of the continuing education requirements upon receipt of sufficient evidence establishing that such is justified, pursuant to Ohio Revised Code Sections 4715.141(D) and 4715.25(E) which states:

“The board may excuse licensed dentists [dental hygienists], as a group or as individuals, from all or any part of the requirements of this section because of an unusual circumstance, emergency, or special hardship.”

Present Legal Name (Print)	Last	First	Middle	Maiden (If applicable)	
Address	Number and Street	City	State	Zip Code	Phone Number
Dental/Dental Hygiene License #		Years in Practice		Hours Per Week You Practice	

**Please give a brief statement of the unusual circumstance, emergency, or special hardship. You may attach additional explanation pages or supplemental documentation to this form.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR BOARD USE ONLY

Approved

Denied by \_\_\_\_\_

Approval Date \_\_\_\_\_ Biennium Waived \_\_\_\_\_

**Do Not Write In This Space**  
For Office Use Only