



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

(614) 466-2580 Tel
(614) 752-8995 Fax
Dental.Ohio.Gov

CERTIFICATE OF APPOINTMENT AS A TEACHER

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This certifies that has been appointed as a full-time FACULTY

Applicant

member in the program of the

Program

School

effective .

mm/dd/yyyy

Name of Dean

Dean

Signature

Signature

Date

Signature of Chairman of Dental Services

Date

Institutions Address