RESIDENT CERTIFICATION

As part of the application process, the Iowa Dental Board requires that the college or university, where you are enrolled as a resident, complete this form. The completed form must be mailed directly to the Iowa Dental Board.

Applicant's Name _____

Applicant's Signature _____ **Date** _____

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This portion of the form should be completed by the college, where the resident is enrolled.

Type of Program/Department Affiliation(s): _____

Program start date: _____ **Expected completion date:** _____

Pursuant to Iowa Administrative Code 650—13.1(1), the dean of the college or university, or other designated administrative official must certify to the enrollment of the applicant for resident license.

I hereby certify that _____ is enrolled a resident

at _____.

Signature of Dean or Other Administrative Official: _____

Pursuant to Iowa Administrative Code 650—13.1(1), the supervising dentist or faculty member must certify to the supervision of the applicant for resident license specifying the time and manner of supervision.

I hereby agree to exercise supervision and direction over the applicant named above.

Name of person responsible for supervision of applicant: _____

License/Permit #: _____ Signature: _____

Return Completed Form to:
IOWA DENTAL BOARD
400 S.W. 8th St, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157