



NEVADA STATE BOARD OF DENTAL EXAMINERS

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Certification from Dean of Dental College

I hereby CERTIFY that _____ matriculated at the
_____ Dental School/College
on _____ and attended _____ years, graduating/expected to graduate
with the degree of _____ (DDS/DMD) on _____

(Original Signature of Dean. No Stamped Signatures)

Printed Name of Dean

Date

*OFFICIAL SEAL OF THE
ACCRREDITED EDUCATIONAL
INSTITUTION*

***This form must be completed and returned by the educational institution only as primary source verification.**