

**STATE OF MAINE BOARD OF DENTAL PRACTICE
CERTIFICATE OF DENTURISM PROGRAM COMPLETION FORM**

I am applying to obtain a license to practice as a Denturist with the Maine Board of Dental Practice ("the Board"). The Board requires verification of successful completion of a diploma from a denturism postsecondary institution approved by the Board. This is your authority to release any information in your files directly to the Board.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Dates of attendance: from _____ to _____

**THIS SECTION MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE
DIPLOMA PROGRAM OR EDUCATIONAL INSTITUTION AND RETURNED DIRECTLY TO THE
MAINE BOARD OF DENTAL PRACTICE.**

I hereby certify that the above named applicant has completed a denturism program.

Name of denturism program/school _____

Address of program/school _____

Dates of attendance: from _____ to _____

Program completion date: _____

Name & title of authorized representative: _____

Official's signature _____ dated: _____

**PLACE OFFICIAL EMBOSSED
SCHOOL/ORGANIZATION
SEAL HERE**

Once completed, the authorized representative must submit a scanned original copy directly to the Maine Board of Dental Practice in a pdf format and email to: dental.board@maine.gov