

**STATE OF MAINE BOARD OF DENTAL PRACTICE
CERTIFICATE OF EDUCATION FORM**

I am applying to practice as a dental professional with the Maine Board of Dental Practice (“the Board”). The Board requires verification of my post-secondary education. 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 _____

Applicant's signature _____ date: _____

THIS SECTION MUST BE COMPLETED BY THE DEAN, SECRETARY OR REGISTRAR OF THE EDUCATIONAL INSTITUTION AND RETURNED DIRECTLY TO THE MAINE BOARD OF DENTAL PRACTICE.

I hereby certify that the above-named applicant has officially received a conferred academic degree as identified below (associate degree, baccalaureate degree, master’s degree, doctoral degree, e.g.) from the following educational institution:

Name of educational institution: _____

Address of school: _____

Dates of attendance: from _____ to _____

Type of academic degree conferred: _____

Date degree was conferred: _____

Printed name & title of school official: _____

Official's signature _____ date: _____

**PLACE OFFICIAL EMBOSSED
SCHOOL SEAL HERE**

Once completed, the educational institution 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