



**PROGRAM COMPLETION CERTIFICATION
FOR AN APPLICANT FROM A CALIFORNIA DENTAL HYGIENE EDUCATIONAL PROGRAM**

I, _____, Program Director of the
(Program Director)

_____ Dental Hygiene Educational Program,
(School Name)

hereby certify that:

(Student Name)

has completed all requirements established by the Dental Hygiene Educational Program stated above to determine minimum competency as a Registered Dental Hygienist pursuant to all laws and regulations established by the Dental Hygiene Board of California and has graduated on:

(Actual Graduation Date)

I attest that all representations provided by me in this certification are true and correct, and by submitting the certification, signing below, and affixing the seal of the educational institution, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

NOTICE*: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM ON THIS CERTIFICATION IS GROUNDS FOR DENYING A LICENSE AND POSSIBLE BOARD ACTION AGAINST THE DENTAL HYGIENE EDUCATION PROGRAM AND LICENSEE(S).

Program Director Signature: _____

Date: _____

***Note: Business and Professions Code Section 1950.5(z) & California Code of Regulations, Title 16, section 1104(e).**

