

LETTER OF CERTIFICATION FOR THE DENTAL TRADITIONAL FORMAT EXAMINATION

Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd., Topeka, Kansas 66604

This is to certify that _____

(Applicant's Name)

has met all requirements and is (recommended) or (is expected to be recommended) for graduation from:

(Name of Dental School)

The Undersigned does further certify that the applicant has demonstrated sufficient clinical skills, that the applicant may safely participate in a clinical examination and perform clinical dental procedures required as a part of that examination upon patients.

(Signature of Dean)

(Date MM/DD/YYYY)

SCHOOL SEAL

Dear Candidate for CRDTS Examination:

THIS FORM IS TO BE COMPLETED ONLY BY CANDIDATES WHO HAVE NOT YET GRADUATED AND ARE TAKING THE EXAM FOR THE FIRST TIME. (PLEASE REFER TO APPLICATION REQUIREMENTS IN THE CRDTS CANDIDATE MANUAL).

PLEASE NOTE: The above form should be completed by the Dean of your dental school and returned to the Administrative Office of CRDTS at the address above by the Application Deadline.

THIS LETTER OF CERTIFICATION IS A VITAL PART OF THE CERTIFICATION PROCESS FOR CANDIDATES TAKING THE CENTRAL REGIONAL DENTAL TESTING SERVICE, INC. EXAMINATION. FOR OUR EXAMINATION PURPOSES, THIS LETTER OF CERTIFICATION IS CONSIDERED THE EQUIVALENT OF A DIPLOMA AND MUST BE ON FILE FOR CANDIDATES TO BE ADMITTED TO AN EXAMINATION.

DO NOT ALTER THIS FORM IN ANY WAY