Verification of Eligibility Form

This form must be completed by the Program Director or designated school official as verification of eligibility to take the CITA Dental Hygiene Pre-Graduation Examination, and MUST be submitted with the application, for all students of record attending a dental hygiene school accredited by the ADA Commission on Dental Accreditation.

Student's Name: _____
Last Name First Name Middle Name

Student's SS#: | | | | - | | | - | | | | |

School: _____

This letter certifies that the student listed above is eligible and sufficiently prepared to participate in the CITA dental hygiene pre-graduation examination.

_____
Signature of Program Director or designated school official

_____
Date