NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
nsbde@dental.nv.gov
Phone (702) 486-7044 | (800) DDS-EXAM | Fax (702) 486-7046

Certification of Specialty Program Completion

This is to certify that _____ (*Name of Student*) attended the _____ program (*Name of Specialty Program*) at _____ (*Accredited Educational Institution*) for the period of _____ to _____. The participant completed the program on _____ and received specialty certification in _____ (*Name of Specialty*).

_____
(Original Signature of Dean. No Stamped Signatures)

_____
Printed Name of Dean Date

OFFICIAL SEAL OF THE ACCRREDITED EDUCATIONAL INSTITUTION

***This form must be completed and returned by the educational institution only as primary source verification.**

Rev. 8/2025