

**CERTIFICATION OF ELIGIBILITY
NATIONAL BOARD DENTAL EXAMINATION PART II**

This form is for students who are enrolled in a dental school that is not accredited by the Commission on Dental Accreditation of the American Dental Association.

This completed form must be received in the Joint Commission Office for each NBDE Part II application submitted. The NBDE Part II application process is not complete without this form.

I certify that _____ (name of student) is currently enrolled in this dental school and is prepared for examination in the following subjects: Endodontics, Operative Dentistry, Oral & Maxillofacial Surgery & Pain Control, Oral Diagnosis, Orthodontics, Pediatric Dentistry, Patient Management, Pharmacology, and Prosthodontics.

Mail completed form to: Joint Commission on National Dental Examinations, 211 East Chicago Avenue, Suite 600, Chicago, IL 60611

Signature of Dean or Registrar
Printed name of Dean or Registrar
Dental School Name
Dental School Address

SCHOOL SEAL

Date