

**CERTIFICATION OF ELIGIBILITY  
NATIONAL BOARD DENTAL EXAMINATION PART I  
(Dental students enrolled in a non-accredited dental school)**

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

This completed form must be received in the JCNDE office for each NBDE Part I application submitted. The NBDE Part I application process is not complete without this form.

**I certify that \_\_\_\_\_ (name of student) is currently enrolled in this dental school and has successfully completed all subjects included in the NBDE Part I: Anatomic Sciences, Biochemistry-Physiology, Microbiology-Pathology, and Dental Anatomy and Occlusion.**

<b>Signature of Dean or Registrar</b>
<b>Printed name of Dean or Registrar</b>
<b>Dental School Name</b>
<b>Dental School Address</b>

**SCHOOL SEAL (Embossed)**

\_\_\_\_\_  
**Date**

Mail completed form to:  
JCNDE  
211 East Chicago Avenue, Suite 600  
Chicago, IL 60611-2637