

**CERTIFICATION OF ELIGIBILITY
NATIONAL BOARD DENTAL EXAMINATION PART II
(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 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 has successfully completed all subjects included in the NBDE Part II: Endodontics, Operative Dentistry, Oral & Maxillofacial Surgery & Pain Control, Oral Diagnosis, Orthodontics, Pediatric Dentistry, Patient Management, Pharmacology, and Prosthodontics.

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

SCHOOL SEAL (Embossed)

Date

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