

Confirmation of Degree

Instructions

Section 1 - To be completed by applicants to the National Dental Examining Board of Canada (NDEB)

Complete Section 1 of the attached form and forward it to the Registrar/Deans' Office at the university from which you obtained your dental degree.

Applicants cannot complete Section 2 of the form, this must be completed by one of the listed authorities from the university appearing on your final dental degree. Forms completed by an affiliated college will not be accepted.

Section 2 - To be completed by the Faculty Dean, Registrar, or Controller of Examinations

The individual named in Section 1 has made an application to participate in the NDEB Equivalency Process or Dental Specialty Core Knowledge Examination and requests that confirmation of their degree be forwarded directly to the NDEB.

Accurately complete Section 2 of this form and send the original form in a sealed envelope directly to NDEB, 340 Albert St. 12th Floor Ottawa, ON, K1R 7Y6. Forms must clearly be sent directly from the university.



This form must be received by the NDEB office directly from the university. Please refer to the instructions for details.

Confirmation of Degree Form

Section 1: To be completed by applicants to the NDEB.

Family (Last) Name(s):	Given (First) Name(s):
Previous Family Name:	Date of Birth (dd/mm/yy):
Student ID at Institution (if required):	NDEB ID#:

I authorize the release of my academic information to the National Dental Examining Board of Canada (NDEB) for the purposes of participating in the NDEB Processes.

Applicant's signature _____ Date _____

Section 2: To be completed by the Faculty Dean, Registrar, or Controller of Examinations from the university and return the original form in a sealed envelope directly to NDEB, 340 Albert St. 12th Floor Ottawa, Ontario, Canada K1R 7Y6. Applicants cannot complete this section.

I hereby confirm that the individual named above attended _____ (name of institution)

Program Start Date _____

Date Program Completed _____

Name of Dental Degree Awarded _____

Date Degree Document Issued/Conferred/Given _____

Confirmation

I confirm that I am authorized by the above university to authenticate that the information provided above is true and accurate.

Name of Dean, Registrar, or Controller of Examinations:	Title: (Dean, Registrar, or Controller of Examinations)
University address:	Telephone:
	Fax:
	University email address:

Signature of Dean, Registrar, or Controller of Examinations _____ Date _____

