



COMMISSION OHIO DENTAL ASSISTANT CERTIFICATION Examination Application

Please Print with Black or Blue Ink

Last Name: _____ First Name _____ Middle Initial _____
Address _____ City _____, Ohio Zip _____
Phone (Include Area Code) Home () _____ Office () _____
Date of Birth: Month _____ Day _____ Year: _____ SS Number: (last 4 numbers) xxxx-xx-_____
E-Mail: _____

Are you currently enrolled in a Dental Assisting program? Yes ___ No ___ Date of Completion _____
Month _____ Year _____

Name of Institution/School: _____

The exam is scheduled on a Saturday or Sunday in Spring or Fall. Applicants are accepted on a first come basis. Please check the exam you are applying for, you will be notified at least 30 days before the exam of the date for which you are scheduled.

*Examination Dates
____ Spring (date to be determined)
____ Fall (date to be determined)

**Application Deadline
January prior to exam or when exam is full
June prior to exam or when exam is full

*** Dates may change due to the availability of the test site.**

****Applications received after the deadline or if exam is full will be held for the next examination.**

Type of exam applying for: (check one)

_____ **Full Exam:** The full exam consists of three parts, Clinical, Written and Radiology*.
You must pass each part of the exam to achieve Ohio Certification.

***Holding a current Radiology Certificate does not exempt applicant from taking and passing the radiology portion of the exam.**

_____ **Retake:** (check all that apply): Written _____ Clinical _____ Radiology _____

Date(s) exam previously taken: Month _____ Year _____ Applicants failing the examination three (3) times will be required to complete additional education before retaking the examination the fourth time. Examples of additional education are seminars, formal course work, or self-study courses. Evidence of completed additional education must be included with the application to take the exam for the fourth time.

Last name at time of previous exam _____

Persons with disabilities needing assistants are asked to notify the Commission at the time of application.

Attach letter listing type of assistance needed: Reader _____ Extra Time _____ Other _____

