

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

CERTIFICATE OF COMPLETION

STATE BOARD OF DENTISTRY
PROFESSIONAL LICENSING AGENCY
402 WEST WASHINGTON STREET, ROOM W072
INDIANAPOLIS, INDIANA 46204
(317) 234-2054
pla8@pla.in.gov www.pla.in.gov

DENTIST _____

DENTAL HYGIENIST _____

I hereby certify that _____ was admitted to the
(Name)

_____ located in _____
(School) (City and State)

on _____; and will graduate/graduated on _____; and
(Date of Admission) (Date of Graduation)

will receive/received the degree of **D.D.S.** _____, **D.M.D.** _____, or a degree in **Dental Hygiene** _____.

SIGNATURE OF DEAN

SIGNATURE OF REGISTRAR

PRINTED SIGNATURE OF DEAN

PRINTED SIGNATURE OF REGISTRAR

DATE: _____

DATE: _____

SCHOOL SEAL MUST BE IMPRINTED ON THIS FORM OR IT WILL NOT BE ACCEPTED

APPLICANT: A Certificate of Completion will not be accepted in lieu of a transcript under any circumstances.

DEAN/REGISTRAR: Certificates of Completion must be sent directly to the Professional Licensing Agency after the applicant has completed all requirements for graduation.