

**DLOSCE CERTIFICATION OF ELIGIBILITY
Dental Licensure Objective Structured Clinical Examination (DLOSCE)**

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

This form must be completed and submitted to the JCNDE for each DLOSCE application submitted. The DLOSCE application process is not complete without this form. The student's DENTPIN must be included in this form. If you do not know your DENTPIN, you must retrieve it through the DENTPIN homepage ([ADA.org/DENTPIN](https://ada.org/DENTPIN)) before submitting the Certification of Eligibility form. Certification of Eligibility forms that cannot be matched to a DENTPIN will not be retained by the JCNDE.

I certify that _____ (name of student) is currently enrolled in this dental school and has successfully completed all subjects included in the DLOSCE.

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

SCHOOL SEAL (Embossed)

Date

Completed forms must be emailed to DLOSCE@ada.org or uploaded into the *Files* section of your account.