



COMMISSION OHIO DENTAL ASSISTANT CERTIFICATION

This form must be attached to exam application

Employer Recommendation

I hereby recommend _____ to take the Certified Ohio Dental Assistant exam.

She/he has been my employee for _____ months/years and has shown responsibility, ethical conduct and excellent dental assisting skills in all area. She/he is an excellent representative to the dental profession.

Please Print:

Dentist _____

License #: _____

Address: _____

City: _____, State: _____ Zip _____

Signature: _____

Notarized seal/signature