



Student Verification Form

Please complete the form below to verify the enrollment status of a student.

This is to certify that _____ **(Student's Full Name)** is enrolled as a full-time student, pursuing a degree in Dental Therapy at _____ **(Program/University)**. The student has been enrolled since _____ **(Semester and Year)** and is expected to complete their program/degree by _____ **(Month and Year)**.

I _____ **(Instructor/Professor's Name)** verify that the student listed above is registered as a Dental Therapy/Dental Health Aide Therapist student.

Instructor/Professor Signature: _____

Date: _____

DT Student's Signature: _____

Date: _____

Please upload this Student Verification Form when completing your online ADTA membership application. Thank you!