



Dental Office Certification Form

We certify that

Name: _____

Practices good oral health habits and therefore, in our opinion, assuming they meet the other requirements, qualifies as a candidate for the Reliance Dental Bright Smile scholarship.

Dental Practice Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone number: _____

Email address: _____

Certified by: _____ Date: _____

Note: all fields required. For more information about the Bright Smile Scholarship, including complete rules, please visit scholarship.reliancedental.net

