



HEALTH LICENSING OFFICE
Board of Denture Technology

1430 Tandem Ave. NE, Suite 180, Salem OR 97301
 Phone: 503-378-8667 | Fax: 503-370-9004
healthoregon.org/hlo | Email: hlo.info@state.or.us

LISTING OF SCHOOL(S) ATTENDED APPLICABLE TO DENTURE TECHNOLOGY

Documentation to prove completion of an Associate Degree program in denture technology or the equivalent program, shall be official school transcripts from HLO approved schools, and may include published course outlines showing that training included curriculum objectives as determined by the HLO and the board. "Official transcript" as defined in OAR 331-405-0020 (8) means an original document certified by a school or educational institution.

APPLICANT NAME:LAST	FIRST	MIDDLE INITIAL
----------------------------	--------------	-----------------------

NAME OF SCHOOL	SCHOOL LOCATION	ENROLLMENT DATES FROM: _____ TO: _____	WILL HLO BE RECEIVING A TRANSCRIPT FROM THIS SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------	-----------------	--	--

COURSE OF STUDY	SEMESTER/QUARTER HOURS EARNED	DEGREE EARNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE GRADUATED	TYPE OF DEGREE RECEIVED
-----------------	-------------------------------	--	----------------	-------------------------

NAME OF SCHOOL	SCHOOL LOCATION	ENROLLMENT DATES FROM: _____ TO: _____	WILL HLO BE RECEIVING A TRANSCRIPT FROM THIS SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------	-----------------	--	--

COURSE OF STUDY	SEMESTER/QUARTER HOURS EARNED	DEGREE EARNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE GRADUATED	TYPE OF DEGREE RECEIVED
-----------------	-------------------------------	--	----------------	-------------------------

NAME OF SCHOOL	SCHOOL LOCATION	ENROLLMENT DATES FROM: _____ TO: _____	WILL HLO BE RECEIVING A TRANSCRIPT FROM THIS SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------	-----------------	--	--

COURSE OF STUDY	SEMESTER/QUARTER HOURS EARNED	DEGREE EARNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE GRADUATED	TYPE OF DEGREE RECEIVED
-----------------	-------------------------------	--	----------------	-------------------------

NAME OF SCHOOL	SCHOOL LOCATION	ENROLLMENT DATES FROM: _____ TO: _____	WILL HLO BE RECEIVING A TRANSCRIPT FROM THIS SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------	-----------------	--	--

COURSE OF STUDY	SEMESTER/QUARTER HOURS EARNED	DEGREE EARNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE GRADUATED	TYPE OF DEGREE RECEIVED
-----------------	-------------------------------	--	----------------	-------------------------

NAME OF SCHOOL	SCHOOL LOCATION	ENROLLMENT DATES FROM: _____ TO: _____	WILL HLO BE RECEIVING A TRANSCRIPT FROM THIS SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------	-----------------	--	--

COURSE OF STUDY	SEMESTER/QUARTER HOURS EARNED	DEGREE EARNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE GRADUATED	TYPE OF DEGREE RECEIVED
-----------------	-------------------------------	--	----------------	-------------------------

Please ensure that all areas of this form are filled in and return this completed form with your application. Remember to retain a copy for your records.