



Denturist Credentialing  
 PO Box 47877  
 Olympia WA 98504-7877  
 360-236-4700

## Declaration of Completed Statutory Requirements for Nonorthodontic Removable Oral Devices

This form may be duplicated. Please complete this form and return it directly to the address above.

**Licensee (print or type clearly)**

Name		
Birthdate (mm/dd/yyyy)	WA State License #	
Physical Address		
City	State	Zip Code

### Education and Training

Required education and training includes:

- A minimum of four hours of instruction in snore guards and sleep apnea;
- A minimum of two hours in bruxism devices, sports mouth guards, and removable cosmetic appliances; and
- Obtained through or equivalent to a board-approved program.

### Training Affidavit

Please have the applicable training provider sign and date the training method listed below to verify how you obtained the education and training.

- Board-approved curriculum. The presenter submitted the training curriculum to the board for review and approval.

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Signature of Presenter

Date (mm/dd/yyyy)

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Signature of Licensee

Date (mm/dd/yyyy)

- Education and training was included in a board-approved educational program.

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Signature of Program Instructor

Date (mm/dd/yyyy)

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Signature of Applicant

Date (mm/dd/yyyy)