



MISSOURI DENTAL ASSOCIATION  
 Advocacy. Education. Leadership. Since 1865.



Expanded Functions  
 Dental Assistant Program

## Request for Duplicate Certificate

Duplicate certificates or certificates reflecting a change of name may be requested of the Missouri Dental Association. *Only the individual who is certified may submit the request.* Certificates are the sole property of the certified individual. There is a fee of \$10 per certificate. **Please complete the following information and fax or mail with payment. Allow 7-10 for verification to be sent.**

Full Name (as originally certified)	
New Name (if different than above)	
Phone Number	
Email Address	
Mailing Address	
City, State, Zip	

### COURSE INFORMATION

*If the course was not an MDA-sponsored course (taken at OTC, Nichols Career Center or Other), please contact that educational institution direct. We can provide duplicates for MDA-sponsored courses only.*

<b>Course Taken</b>	<input type="checkbox"/> Restorative	<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Remove Prosthetics	<input type="checkbox"/> Fixed Prosthetics
<b>Date Taken</b>		<b>Course Location</b>		

<b>Course Taken</b>	<input type="checkbox"/> Restorative	<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Remove Prosthetics	<input type="checkbox"/> Fixed Prosthetics
<b>Date Taken</b>		<b>Course Location</b>		

<b>Course Taken</b>	<input type="checkbox"/> Restorative	<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Remove Prosthetics	<input type="checkbox"/> Fixed Prosthetics
<b>Date Taken</b>		<b>Course Location</b>		

<b>Course Taken</b>	<input type="checkbox"/> Restorative	<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Remove Prosthetics	<input type="checkbox"/> Fixed Prosthetics
<b>Date Taken</b>		<b>Course Location</b>		

### PAYMENT INFORMATION (\$10 fee per duplicate certificate)

<b>PAYMENT TYPE</b>	<input type="checkbox"/> Credit Card (VISA/MC/DISC)	<input type="checkbox"/> Check (Payable to MDA)
Card Number	Exp	CSV
Name on Card	Signature	

Fax form with payment to 573-635-0764 or  
 Mail to Missouri Dental Association, 3340 American Ave, Jefferson City, MO 65109  
**Contact Mandy Lewis at 573-634-3436 with questions**