CERTIFICATE REPLACEMENT INFORMATION

SmileCraft Dental Education of California
by Dental Career Institute

Advancing Dental Professionals with Confidence and Heart

DUPLICATE CERTIFICATES

If an original Certificate of Completion has been lost, destroyed, or misplaced, the following policies apply:

1. **A written request** must be submitted by email or certified mail.
2. A **duplicate certificate fee** of **$35.00** will be charged for each replacement certificate.
3. **If more than five (5) years** have elapsed from the original date of issuance, the institution may no longer have records sufficient to issue a replacement certificate. In such cases, or when required by regulatory changes, the student may be required to successfully complete the certification program again before a new certificatie can be issued.
4. **A $20.00 shipping and handling fee** will be charged for each hard copy of a certificate mailed to you.
5. You will receive **one (1) electronic** certificate (e-Certificate) by email and one (1) printed certificate by mail with delivery confirmation as proof of mailing.
6. There is no additional fee for payments made through **Zelle**. Payments made by **credit card, PayPal, or Venmo** are subject to a **5%** convenience and payment processing fee.
7. After submitting your written request **by email, please text (562) 704-2651 with the following:**
   - A photo (screenshot) or scanned PDF copy of your written request;
   - **Proof of payment**; and
   - If you have a photocopy or a clear photo of your certificate, please include a copy as well. This will help us verify your records and expedite the processing of your request.

WE ONLY PROCESS THIS REQUEST ELECTRONICALLY.
NO IN-PERSON PICK UP OF CERTIFICATES.

CERTIFICATE REPLACEMENT REQUEST FORM

I hereby request a replacement original Certificate of Completion for the course(s) I previously completed through Dental Career Institute.

I acknowledge and understand that **Dental Career Institute** is now operating as **SmileCraft Dental Education of California by Dental Career Institute.** I further acknowledge that I have read, understood, and agree to the replacement certificate policies, fees, and processing requirements outlined by the institution.

STUDENT INFORMATION

Full Name: _____

Telephone Number: _____

Email Address: _____

Complete Mailing Address: _____

_____

_____

COURSE INFORMATION

Number of Certificates Requested: _____

Approximate Month and Year (or Year) of Course Completion: _____

Course Name(s): _____

_____

Reason for Requesting a Replacement Certificate: _____

_____

_____

CERTIFICATION

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that submission of this request does not guarantee issuance of a replacement certificate until all required documentation, identity verification, and applicable fees have been received and approved by **SmileCraft Dental Education of California by Dental Career Institute.**

Student Signature: _____

Date: _____

NO WALK-INS. | **WE DO NOT ACCEPT IN-PERSON REQUESTS OR PICK UP OF CERTIFICATES.**

FOR QUESTIONS OR ASSISTANCE
(562) 704-2651
TEXT ONLY FOR CERTIFICATE REQUESTS

18377 BEACH BLVD,
Suite# 328
HUNTINGTON BEACH,
CA 92648

EMAIL REQUESTS TO:
DentalCareerInstitute@yahoo.com
(Electronic Requests Only)

THANK YOU FOR CHOOSING SMILECRAFT DENTAL EDUCATION OF CALIFORNIA BY DENTAL CAREER INSTITUTE.