



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**VERIFICATION OF LICENSURE**

MISSOURI DENTAL BOARD  
 3605 MISSOURI BOULEVARD  
 P.O. BOX 1367  
 JEFFERSON CITY, MO 65102-1367  
 TELEPHONE: (573) 751-0040  
 TTY (800) 735-2966

**INSTRUCTIONS**

Complete Section I and mail this form to each state, United States Territory, province or country that you have or ever have had a license, certification, registration, temporary license or a temporary permit to practice dentistry or dental hygiene. This verification must be returned to the Missouri Dental Board. Some states require a fee for providing verification information. To expedite your application, you may wish to contact the applicable state(s), U.S. territory, province or country. This form may be photocopied as necessary.

**SECTION I - TO BE COMPLETED BY APPLICANT**

NAME (FIRST, MIDDLE, LAST, SUFFIX)

NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRATION/PERMIT

TYPE OF LICENSE/CERTIFICATION/REGISTRATION/PERMIT HELD

NUMBER ISSUED

SOCIAL SECURITY NUMBER

DATE OF BIRTH

The Missouri Dental Board requires that I submit evidence of the status of my license, certification, registration, permit in your state. You are hereby authorized to release any information in your possession pertaining to me, favorable or otherwise, directly to the Missouri Dental Board, P.O. Box 1367, Jefferson City, MO 65102.

APPLICANT SIGNATURE

DATE

**SECTION II - TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF OTHER REGULATORY AGENCY**

TYPE OF REGULATION

LICENSE                       CERTIFICATION                       REGISTRATION

LICENSE NUMBER

ISSUE DATE

EXPIRATION DATE

LICENSE WAS ISSUED ON THE BASIS OF

CREDENTIALS                       STATE EXAMINATION                       REGIONAL EXAMINATION

OTHER \_\_\_\_\_ IF BY STATE EXAM, PLEASE ATTACH A COPY OF THE EXAM

SCORES.

HAS THE APPLICANT'S LICENSE EVER LAPSED?

YES     NO    IF YES, EXPLAIN

HAS THE APPLICANT EVER BEEN DENIED, RESTRICTED OR DISCIPLINED IN ANY WAY?

YES     NO    IF YES, EXPLAIN

DOES THE APPLICANT HAVE ANY COMPLAINTS, PAST OR PENDING?

YES     NO    IF YES, EXPLAIN

SIGNATURE

TITLE

NAME PRINTED

DATE

STATE

PLEASE AFFIX  
BOARD SEAL