



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR PERMIT/REGISTRATION
 TO PROVIDE DENTAL SERVICES**

MISSOURI DENTAL BOARD
 3605 MISSOURI BOULEVARD
 P O BOX 1367
 JEFFERSON CITY MO 65102-1367
 TELEPHONE (573) 751-0040
 FAX (573) 751-8216
 TTY (800) 735-2966

INSTRUCTIONS

Use this form to apply for a permit or registration as a non-for-profit entity providing dental services in the State of Missouri pursuant to the provisions of Chapter 332 of the Revised Statutes of Missouri. Complete the information below and sign it in the presence of a Notary Public. Mail this completed form to: Missouri Dental Board, P.O. Box 1367, Jefferson City, Missouri 65102. Documentation for non-for-profit corporate status must accompany this application.

BUSINESS NAME

(APPLICANT/BUSINESS ENTITY) A BUSINESS ENTITY DULY AUTHORIZED TO TRANSACT BUSINESS IN MISSOURI

d/b/a

LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER OR EXECUTIVE DIRECTOR

ADDRESS INFORMATION

BUSINESS ADDRESS

TELEPHONE NUMBER

PRACTICE LOCATIONS (LIST SEPARATELY EACH ADDRESS WHERE DENTAL SERVICES ARE PROVIDED)

TYPE OF BUSINESS

PLEASE CHECK

- Federally Qualified Health Center Rural Health Clinic Community Health Center Mobile Dental Clinic
 Other (please list) _____

LICENSEE INFORMATION

List the name and license number of each dentist and dental hygienist employed by, or contracting with, the above named entity at each of the practice locations listed above. If additional space is needed, attach a separate sheet. Each licensee employed by, or contracting with, Federally Qualified Health Centers, must complete the attached Certification and return it with this completed application.

NAME	LICENSE NO.

AFFIDAVIT

MUST BE SIGNED IN PRESENCE OF NOTARY NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	SIGNATURE OF CHIEF EXECUTIVE OFFICER OR EXECUTIVE DIRECTOR ▶	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR _____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

USE RUBBER STAMP IN CLEAR AREA BELOW.