



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF SPECIALTY LICENSURE

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

SECTION I - TO BE COMPLETED BY APPLICANT

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 specialty license, certificate, registration, temporary specialty permit. 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.

NAME (FIRST, MIDDLE, LAST, SUFFIX)	SOCIAL SECURITY NUMBER
NAME AS IT APPEARS ON SPECIALTY LICENSE/CERTIFICATION/REGISTRATION/PERMIT	DATE OF BIRTH
MAILING ADDRESS (STREET, CITY, STATE, ZIP)	
TYPE OF SPECIALTY LICENSE/CERTIFICATE/REGISTRATION/PERMIT HELD	SPECIALTY NUMBER ISSUED

The Missouri Dental Board requires that I submit evidence of my having met the requirements to obtain a specialty license. You are hereby authorized to release any information in your possession pertaining to me, favorable or otherwise, directly to the Missouri Dental Board at the above address.

APPLICANT SIGNATURE	DATE
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SECTION II - TO BE COMPLETED BY ADMINISTRATIVE OFFICE OR OTHER REGULATORY AGENCY

Instructions

Please complete the form below and return it to the Missouri Dental Board at the above address. Thank you.

TYPE OF REGULATION		
<input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Registration <input type="checkbox"/> Permit <input type="checkbox"/> Temporary License/Permit		
SPECIALTY LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

SPECIALTY LICENSE WAS ISSUED ON THE BASIS OF

Current Diplomate of an American Specialty Board
 Passage of American Board Written Exam
 Specialty Licensure in another state
 State Specialty Examination ((Please provide information regarding the content of the specialty exam taken and grades received on each portion of the exam.))

HAS THE APPLICANT'S SPECIALTY LICENSE EVER LAPSED?

Yes
 No
 If yes, please attach a detailed explanation.

DOES THE APPLICANT HAVE ANY COMPLAINTS, PAST OR PENDING?

Yes
 No
 If yes, please attach a detailed explanation.

PRINTED NAME OF PERSON COMPLETING THIS FORM	PLEASE AFFIX BOARD SEAL
SIGNATURE	
TITLE	
DATE	