



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Duplicate of License, Permit, Certification or Registration

Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue/Tulip Drive • Catonsville, Maryland 21228
Mainline: 410-402-8501 • health.maryland.gov/dental

USE THIS FORM IF YOU ARE:

- A dentist or dental hygienist licensed in Maryland seeking a duplicate license.
- A hygienist who holds Local Anesthesia, Nitrous Oxide and/or Prescribe and Administer Medication.
- A dental radiation technologist certified in Maryland.
- A dental assistant qualified in General Duties.
- A dental assistant qualified in Orthodontics.
- A dental assistant qualified in General/Orthodontics.

FEE
\$15.00 for each
License type

INSTRUCTIONS:

1. Mail this form and your non-refundable fee to the MSBDE at the address listed above. Faxed or emailed requests will not be processed.
2. Make Check or Money Order payable to: Maryland State Board of Dental Examiners.
3. The fee for each duplicate license, permit, certification or registration is \$15.00.
4. **Please return to the Maryland State Board of Dental Examiners the original license, permit, certification or registration.**

FULL NAME: _____ **DATE:** _____

LICENSE OR CERTIFICATION NUMBER:

- Dentist License #: _____
- Limited Dental License # _____
- Sedation Permit # _____
- Dental Hygiene License #: _____
- Dental Hygiene Local Anesthesia # _____
- Nitrous Oxide #: _____
- Prescribe and Administer Medication # _____
- Dental Radiation Technologist #: _____
- Dental Assistant in General Duties #: _____
- Dental Assistant in Orthodontics #: _____
- Dental Assistant in General/Orthodontics #: _____
- Wall Certificate (LARGE DIPLOMA SIZE): _____

NOTE:
All duplicates are completed in
within 7-10 business days.

Your License Number, Permit Number, Certificate Number or Registration Number are listed in the square box.

TOTAL NUMBER OF DUPLICATES REQUESTED: # of Duplicate Licenses: _____ **Total Amount Due: \$** _____

YOUR CURRENT E-MAIL & MAILING ADDRESS: _____

- Are you submitting a change of address at this time: _____ Yes _____ No

E-Mail Address: _____

**NAME AND ADDRESS WHERE YOU
WANT DUPLICATE(S)
MAILED TO:**

SIGNATURE: _____

DATE: _____