



Maryland State Board of Dental Examiners  
Spring Grove Hospital Center  
Benjamin Rush Building  
55 Wade Avenue/Tulip Drive  
Catonsville, Maryland 21228  
Phone: (410) 402-8500 • Fax: (410) 402-8505  
Website: [www.health.maryland.gov/dental](http://www.health.maryland.gov/dental)

## Verification of License, Certification or Registration

### USE THIS FORM IF YOU ARE:

- A dentist or dental hygienist licensed in Maryland seeking licensure in another state which requires verification from the MSBDE.
- A hygienist who holds Anesthesia and/or Nitrous Oxide.
- A dental radiation technologist certified in Maryland.
- A dental assistant qualified in General Dentistry.
- A dental assistant qualified in Orthodontics.
- A dental assistant qualified in General/Orthodontics.

**FEE  
\$20.00**

### 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 verification letter is \$20.00.

FULL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### LICENSE DR CERTIFICATION NUMBER:

- Dentist License #: \_\_\_\_\_
- Dental Hygiene License#: \_\_\_\_\_
- Hygiene Anesthesia and/or Nitrous#: \_\_\_\_\_
- Dental Radiation Technologist#: \_\_\_\_\_
- Dental Assistant in General Dentistry#: \_\_\_\_\_
- Dental Assistant in Orthodontics#: \_\_\_\_\_
- Dental Assistant in General/Orthodontics #: \_\_\_\_\_

### NOTE

Your License Number, Registration Number or Certificate Number are listed in the square box located on your certificate.

TOTAL NUMBER OF

VERIFICATION LETTERS

# of Verification Letters: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

YOUR CURRENT E-MAIL & MAILING ADDRESS: \_\_\_\_\_

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

E-Mail Addr>!ss: \_\_\_\_\_

NAME AND ADDRESS WHERE YOU  
WANT VERIFICATION LETTER(S)  
MAILED TO:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_