

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 OR 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 Address: _____

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

SIGNATURE: _____ DATE: _____