

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE BOARD OF DENTISTRY  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

Website: [www.dos.pa.gov/dent](http://www.dos.pa.gov/dent)  
Email: [st-dentistry@pa.gov](mailto:st-dentistry@pa.gov)

Telephone: (717) 783-7162  
Facsimile: (717) 787-7769

**APPLICATION TO RECORD A FICTITIOUS NAME**

1. \_\_\_\_\_  
FICTITIOUS NAME
  
2. \_\_\_\_\_  
STREET ADDRESS OF THE FACILITY
  
- \_\_\_\_\_
- CITY STATE ZIP CODE
  
3. \_\_\_\_\_ DS - 0 \_\_\_\_\_  
TELEPHONE NUMBER PENNSYLVANIA LICENSE NUMBER
  
4. \_\_\_\_\_  
NAME OF DENTIST RESPONSIBLE (Only one dentist may be listed as the responsible dentist. The responsible dentist must be practicing at facility and listed under the licensed personnel practicing at this facility under question #7 below.)
  
5. \_\_\_\_\_  
OWNER OF DENTAL FACILITY
  
6. Incorporated, give date: \_\_\_\_\_
  
7. List all licensed personnel practicing at this facility. (Please include all dentists, dental hygienists and expanded function dental assistants. If additional space is needed, please document all required information listed below on a separate 8½ x 11 sheet of paper.)

NAME	LICENSE NUMBER	SPECIALTY <small>*Dentists not practicing under a specialty, should indicate general dentistry.</small>	INDICATE IF DIPLOMATE/BOARD ELIGIBLE OR A.D.A. APPROVED TRAINING PROGRAM <small>*Each dentist must submit a photostat copy of certificate relating to their specialty.</small>
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\_\_\_\_\_  
SIGNATURE OF DENTIST RESPONSIBLE

\_\_\_\_\_  
DATE

**INSTRUCTIONS**

1. **Submit check or money order made payable to the "Commonwealth of PA" in the amount of \$35.00. Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**
2. **The address of the office where the fictitious name will be used must be listed above. If there are multiple office locations using the fictitious name, an application must be filed for each location.**
3. **It is your responsibility to maintain a copy of this application and all documents submitted to the Board or received from the Board for your future reference.**
4. **Please note that in registering a fictitious name, the State Board of Dentistry will not make any determinations or judgments as to the appropriateness of a fictitious name.**
5. **If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application-processing fee.**