

MAILING ADDRESS: PO BOX 2649 Harrisburg, PA 17105-2649	STATE BOARD OF DENTISTRY Email: st-dentistry@pa.gov Phone: (717) 783-7162 Fax: (717) 787-7769 Website: www.dos.pa.gov/dent	COURIER ADDRESS: 2601 North Third Street Harrisburg, PA 17110
REQUEST FOR DUPLICATE AUTHORIZATION FOR RADIOLOGY WITH OR WITHOUT A CHANGE OF NAME AND/OR ADDRESS		
FEE: There is <u>no fee</u> for a duplicate authorization to be issued.		

PERSONAL INFORMATION
PLEASE PRINT OR TYPE

If you do not have your authorization number, please visit the license verification website.

- (1) Go to www.licensepa.state.pa.us
- (2) Select the Profession Radiology Personnel
- (3) Enter your Last Name; Enter your First Name
- (4) Click Search

NAME:	Last	First	Middle
AUTHORIZATION #:		TELEPHONE NUMBER:	DATE OF BIRTH:
SSN:		EMAIL ADDRESS:	

CHANGE OF NAME

You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also provide the new name. The following are acceptable name change verification documents:

- (1) Marriage certificate;
- (2) Divorce decree which indicates the retaking of your maiden name;
- (3) Other "legal" document indicating the retaking of a maiden name;
- (4) For a "legal" name change, a copy of the court document must be provided

NEW NAME:	Last	First	Middle Initial
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CURRENT ADDRESS OF RECORD (This section **MUST** be completed.)

ADDRESS			
	Street		
	City	State	Zip Code

DUPLICATE

- I am requesting a duplicate copy of my authorization to be sent to the current address of record listed above.
- I am only reporting the changes/updates listed above. I am not requesting a duplicate of my authorization at this time.