

MAILING ADDRESS: PO BOX 2649 Harrisburg, PA 17105-2649	STATE BOARD OF DENTISTRY st-dentistry@pa.gov 717-783-7162	COURIER ADDRESS: 2601 North Third Street Harrisburg, PA 17110
REQUEST FOR CERTIFICATION OF LICENSURE		
<ul style="list-style-type: none"> • FEE: To obtain a certification of your license, you must complete this form and return it to the mailing address listed above with a \$15 fee (check or money order payable to the "Commonwealth of Pennsylvania.") • There is a \$20 charge for all checks returned "NOT PAID" regardless of the reason for non-payment. • Certification of licensure is <u>only</u> issued for the following license/permit classifications: <ul style="list-style-type: none"> * Dentist * Anesthesia Unrestricted Permit * Anesthesia Restricted Permit I * Anesthesia Restricted Permit II * Dental Hygienist * Dental Hygiene Local Anesthesia * Public Health Dental Hygiene Practitioner * Expanded Function Dental Assistant 		

LICENSEE INFORMATION (PLEASE PRINT)

LICENSEE'S NAME:	Last	First	Middle	Maiden
LICENSE NUMBER:	SOCIAL SECURITY NUMBER:			
EMAIL ADDRESS:	TELEPHONE NUMBER:			
LICENSEE'S ADDRESS:				
	City	State	Zip Code	

MAILING INFORMATION (PLEASE PRINT)

PLEASE PROVIDE THE NAME AND ADDRESS WHERE THE COMPLETED CERTIFICATION SHOULD BE MAILED				
PLEASE NOTE: Effective May 19, 2008, Letters of Good Standing/Verifications of Licensure will only be sent to another licensing board directly from our office. These verification documents will no longer be provided to licensees or credentialing agencies. Licensing boards in the United States have been made aware of this policy.				
<u>If you provide an address OTHER than an official state board or licensing authority address, your request will not be completed and will be returned to you.</u>				
NAME of BOARD:				
STREET:				
CITY:		STATE:		ZIP CODE: