

<b>MAILING ADDRESS:</b> PO BOX 2649 Harrisburg, PA 17105-2649	<b>STATE BOARD OF DENTISTRY</b> Email: <a href="mailto:st-dentistry@pa.gov">st-dentistry@pa.gov</a> Phone: (717) 783-7162 Fax: (717) 787-7769 Website: <a href="http://www.dos.state.pa.us/dent">www.dos.state.pa.us/dent</a>	<b>COURIER ADDRESS:</b> 2601 North Third Street Harrisburg, PA 17110
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**REQUEST FOR CHANGE OF NAME – ADDRESS AND/OR EMAIL**

- **FEE:** To obtain a duplicate license reflecting the change of name and/or address, you must return this application and a \$5 fee (check or money order payable to the “Commonwealth of Pennsylvania.”)
- **\*Note:** If you are requesting a duplicate certificate for dental radiology, no fee is required.
- Without the \$5 fee, the change will be processed but no duplicate will be issued.
- A processing fee of \$20 will be charged for any check/money order returned unpaid by your bank regardless of the reason for non-payment.

**LICENSEE INFORMATION**  
PLEASE PRINT OR TYPE

<b>LICENSEE'S NAME:</b>	Last	First		Middle
<b>LICENSE #:</b>		<b>TELEPHONE NUMBER:</b>		<b>DATE OF BIRTH:</b>
<b>SSN:</b>			<b>EMAIL ADDRESS:</b>	

**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

<b>NEW NAME:</b>	Last	First	Middle Initial
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**CHANGE OF ADDRESS**

<b>OLD ADDRESS:</b>			
	City	State	Zip Code
<b>NEW ADDRESS:</b>			
	City	State	Zip Code

**CHANGE OF EMAIL**

<b>OLD EMAIL ADDRESS:</b>	
<b>NEW EMAIL ADDRESS:</b>	