



Maryland State Board of Dental Examiners
 Spring Grove Hospital Center
 Benjamin Rush Building
 55 Wade Avenue/Tulip Drive
 Catonsville, Maryland 21228
 Phone: (410) 402-8501 • Fax: (410) 402-8505
 Website: www.dhmh.md.gov/dental

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:** _____