



OUT-OF-STATE/COUNTRY LICENSE CERTIFICATION
LBC APPLICANTS ONLY

INSTRUCTIONS TO APPLICANT: Complete top portion of form. Submit to any State or Country in which you have been licensed regardless of the status of license. Completed forms should be submitted with your application.

(Please type or print neatly)

1. Name	_____	_____	_____
	Last	First	Middle
2. Address	_____	_____	_____
	City	State	Zip Code
3. Birthdate	_____	4. Sex	_____
	MM/DD/YYYY	<input type="checkbox"/> Female <input type="checkbox"/> Male	Licensing Agency

TO BE COMPLETED BY LICENSING AGENCY:

I certify that _____, who graduated from

 Name of Applicant

_____ on _____, was granted
 Name of Dental School Date of Graduation

license number _____ on _____, in the
 Date License Issued

State/country of _____, on the basis of _____
 State/Country RECIPROCITY, NATIONAL BOARD EXAM,
 LICENSING AGENCY EXAM

and the license expires on _____.
 MM/DD/YYYY

I certify that such license is currently in good standing; and that no disciplinary action is pending or has been taken against the license.

NOTE: if any portion of the above certification is deleted or modified, please attach explanation.

Type or Print Name and Title of Agency Official	Name of Licensing Agency
Signature of Agency Official	Street Address
[SEAL]	City State Zip
DATE	Telephone Number