



OUT-OF-STATE/COUNTRY LICENSE CERTIFICATION

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	MM/DD/YYYY	4. Sex	<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