



Arizona State Board of Dental Examiners
"Caring for the Public's Dental Health and Professional Standards"

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E: info@dentalboard.az.gov
W: https://dentalboard.az.gov

VERIFICATION OF NON-ARIZONA DENTAL LICENSE

Instructions (to applicant): Please type or print in the following fields of the UPPER PORTION ONLY. When complete, send it directly to each jurisdiction/State in which you either hold, held or have applied for any dental license. The other jurisdiction/State will complete the lower portion and return it directly to the Arizona State Board of Dental Examiners. Please note: Each jurisdiction/State may require a fee and that fee must be submitted along with this form.

Last Name First Name Middle Name/Initial or N/A if none
Street Address
City State Zip Code Phone Number (include area code)
Last 4 Digits of SSN Date of Birth Please list all other names, including former/maiden or other aliases

I authorize the release of all pertinent information, favorable or otherwise, to the Arizona State Board of Dental Examiners.

Applicant's Signature Date

Instructions (to other jurisdiction): Please complete following fields, sign and return it to the Arizona State Board of Dental Examiners at the address listed above. Emailed responses will be accepted at info@dentalboard.az.gov. Please affix your authorizing Seal.

License Number Issue Date Current Status Expiry/Cancellation Date

Was the license obtained by reciprocity/endorsement? Yes No If yes, from which jurisdiction?

Did the applicant meet all applicable education, exam, clinical supervision and/or work requirements when licensed? Yes No
If no, please attach details.

Has the applicant's license ever been denied, suspended, revoked, allowed to be surrendered, placed on probation or otherwise incurred any disciplinary proceedings? Yes No
If yes, please attach details.

Is the applicant currently the subject of an unresolved complaint in your jurisdiction? Yes No
If yes, please attach details.



Name of Person who Completed Form Title

Jurisdiction/State Name and Street Address

City State Zip Code Phone Number (include area code)

I certify, to the best of my knowledge, that the information provided is true and accurate.

Representative's Signature Date

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.