

REQUEST FOR CERTIFICATE OF LICENSURE

This service is provided for licensees who are seeking licensure in other jurisdictions.

Certificate of licensure will bear a raised seal and arrive in a sealed envelope to be opened only by the requesting jurisdiction. We do not process email only verifications.

If having sent to yourself, be sure NOT to open it.

The fee for this service is \$25.00. Include a check or money order with this request form. Personal checks are accepted.

Please allow two weeks from date of receipt for processing.

Name, as it appears on license

License Number

Date Issued

Type of license (Dental, Dental Hygiene, Intern, Instructor)

Address where you would like it mailed

Additional requests or comments

If jurisdiction has form to complete, please include with request.

Please mail form(s) and check to:

*NC State Board of Dental Examiners
2000 Perimeter Park Drive, Suite 160
Morrisville, NC 27560-8442*