Order Form for Board Rosters

I would like to order the following:

☐ All dentists licensed by NC ☐ All dental hygienists licensed by NC

Data and cost updated at the beginning of each month. Refresh the Publications page for updated cost of list.

All fields provided: Name, Address, Primary phone, Fax, Email, County, License Number, Status, Sub-status, Specialty (dentists only), Dental/Dental Hygiene School, Date of Graduation, Date of Licensure, Date of Expiration, Date of Renewal, Disciplinary Action Indicator, Professional Association Number (dentists only), Professional Limited Liability Company Number (dentists only), Anesthesia or Sedation Permit Number (dentists only), Use Local Anesthesia Indicator (hygienists only).

List Format:

☐ Excel spreadsheet (.xlsx) ☐ Text tab delimited (.txt) ☐ Comma delimited (.csv)

Contact Name: _____

Company: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address (list will be sent here): _____

Enclosed is my check in the amount of $_____

Licensee requesting free list for year, License number _____

Additional Information: _____

Please print, fill out, and mail with fee check to:

Publications
NC State Board of Dental Examiners
2000 Perimeter Park Dr., Suite 160
Morrisville, NC 27560

No credit card payments are accepted for this service.

If no fee involved, you may email to:

mmccullough@ncdentalboard.org