



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

New Jersey State Board of Dentistry

124 Halsey Street, 6th Floor, P.O. Box 45005

Newark, New Jersey 07101

(973) 504-6405

**Verification of State License**

A separate form must be used for each state.

(This form may be reproduced.)

Name of applicant: \_\_\_\_\_  
Last name First name Middle initial

The above-named applicant is a licensee of the State of \_\_\_\_\_ and was issued

license number \_\_\_\_\_ on \_\_\_\_\_  
Month Day Year

**The applicant was licensed by:**

**Date passed**

- ☐ State examination \_\_\_\_\_  
☐ A.D.E.X. \_\_\_\_\_  
☐ W.R.E.B. \_\_\_\_\_  
☐ S.R.T.A. \_\_\_\_\_  
☐ C.R.D.T.S. \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Date passed**

- ☐ Based on Parts I & II  
☐ of the National Board \_\_\_\_\_  
☐ Endorsement/Reciprocity  
from the State of \_\_\_\_\_

**The license status is:**

- ☐ Current and in good status expiring on \_\_\_\_\_ Date  
☐ Inactive/expired on \_\_\_\_\_ Date  
☐ Revoked or suspended  
☐ Other (please attach explanation)

**Examination History (if applicable)**

**Date of examination**

**Subject**

**Grade**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The licensee ☐ does ☐ does not have a record of disciplinary history with this agency. (Attach additional information if applicable.)

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual on this form.

\_\_\_\_\_  
Name of Board

\_\_\_\_\_  
Name of person completing this form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

(Board Seal)