

**To The Applicant – Fill out this form if licensed in another State**

Please complete the identifying information and submit to:

Drug Enforcement Administration  
Attention: Pandora – Diversion Unit  
400 Second Avenue West  
Seattle, WA 98119

Date: \_\_\_\_\_

To Whom It May Concern:

I am applying for a license to practice dentistry in the State of Oregon. Please indicate on the lower portion of this form if there is any derogatory information on file against me. Please send this form directly to the Oregon Board of Dentistry. Thank you for your assistance.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_

Address where DEA No. is Registered: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Response:

Please mail or fax to the following:

Oregon Board of Dentistry  
1600 SW 4<sup>th</sup> Avenue, Suite 770  
Portland, OR 97201

Fax: (971) 673-3202