

OREGON BOARD OF DENTISTRY
UNIT 23
PO BOX 4395
PORTLAND, OR 97208-4395

**DENTAL HYGIENE
BIENNIAL LICENSURE FEE**

Enclose the biennial licensure fee of \$150.00, payable by cashier's check or money order to the Oregon Board of Dentistry, with this form and mail to the above address.

a. Name (as you wish it to appear on your formal license)

b. Mailing address

Street or P.O. Box

City

State

Zip Code

Business address

Street

City

State

Zip Code

Home address

Street

City

State

Zip Code

c. Phone: Home

Area Code - Telephone Number

Business

Area Code - Telephone Number

d. Email address: _____