

Oregon Board of Dentistry
 Unit 23
 PO Box 4395
 Portland, OR 97208-4395
 (971) 673-3200
 Fax (971) 673-3202
www.oregon.gov/Dentistry

CERTIFICATE OF STANDING REQUEST

A Certificate of Standing includes license number, date first licensed in Oregon, basis for licensure (regional or state examination or credentials), expiration date, license status, the licensee's disciplinary history, license type, endorsements if licensee is a Dental Hygienist, type of Anesthesia Permit, and the Oregon Board of Dentistry's official seal.

Please send a copy of this request with your payment of \$20.00 for each certificate, make checks payable to the Oregon Board of Dentistry, and mail to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

Ordered By:

Date: _____

Name: _____

Telephone: _____

Street: _____

E-mail: _____

City, State, Zip: _____

Send Certificate of Standing To: (if different from above)

Name: _____

Telephone: _____

Street: _____

City, State, Zip: _____

Licensee's Name: _____ **License Number:** _____

Attach additional sheets if needed.