

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

**DENTAL HYGIENE
BIENNIAL LICENSURE FEE**

Enclose the biennial licensure fee of \$230.00, 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

Cell Phone

_____ Area Code - Telephone Number

d. Email address: _____