

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

DENTAL ASSISTANT CERTIFICATE OF STANDING REQUEST

A Certificate of Standing includes the certificate number, type of certificate(s) issued, date(s) certificate(s) were issued in Oregon 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: _____

Dental Assistant's Name: _____ **Certificate No. :** _____

Attach additional sheets if needed.