

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

LICENSEE INFORMATION REQUEST

Ordered By:

Date: _____

Name: _____

Telephone: _____

Street: _____

E-mail: _____

City, State, Zip _____

Licensee's Name: _____

License Number: _____

Licensee's Name: _____

License Number: _____

Licensee's Name: _____

License Number: _____

Attach additional sheets if needed.

INFORMATION REQUESTED

Fee:

Licensure Verification (1702)

\$2.50 each

Includes license number, date first licensed in Oregon, expiration date, license status, the licensee's disciplinary history, date of birth, dental/dental hygiene school, date of graduation, license type, endorsements if licensee is a Dental Hygienist, and type of Anesthesia Permit. Licensure Verification does not have the Oregon Board of Dentistry's official seal.

Please send a copy of this request with your payment. Make checks payable to the Oregon Board of Dentistry and mail both to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

Board Actions (1705)

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Copies of Board Actions involving the licensee are public records. The Board, by administrative rule, has established fees for copies of public records. **The cost is \$.50 per page for requests of more than 10 pages, plus postage.** *A Prepayment Request will be mailed to you, if necessary. Copies will be mailed when payment is received.