



Texas State Board of Dental Examiners

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Website: www.tTSBDE.tx.gov

E-Mail: information@tTSBDE.texas.gov

Verification of License or Registration

USE THIS FORM IF YOU ARE:

- A dentist or dental hygienist licensed in Texas seeking licensure in another state which requires verification from the TSBDE
A dental assistant seeking verification of one or more of the following certifications issued by the TSBDE: Registered Dental Assistant (RDA) Certificate (Permit to make x-rays), Nitrous Oxide Monitoring Certificate, Pit and Fissure Sealant Certificate or Coronal Polishing Certificate.
A third party\* requesting information about a dentist or dental hygienist's Board Scores or Dental Assistant Registration. Include a Release of Information signed by the licensee.

(\* - Third Party can include: current or potential employer, insurance company or the Professional Background Information Service [PBIS]).

FEE \$9.00

INSTRUCTIONS:

- 1. Mail this form and your non-refundable fee to the TSBDE at the address listed above.
2. Make Money Order or Check payable to: Texas State Board of Dental Examiners.
3. The fee for each verification letter is \$9.00.

FULL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

LICENSE OR REGISTRATION NUMBER:

- Dental License #: \_\_\_\_\_
Dental Hygiene License #: \_\_\_\_\_
Registered Dentist Assistant (RDA) #: \_\_\_\_\_
Nitrous Monitoring Certificate #: \_\_\_\_\_
Pit and Fissure Sealant Certificate #: \_\_\_\_\_
Coronal Polishing Certificate #: \_\_\_\_\_

NOTE

Your License Number, Registration Number or Certificate Number are listed on your certificate.

TOTAL NUMBER OF VERIFICATION LETTERS

# of Verification Letters: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

YOUR CURRENT E-MAIL & MAILING ADDRESS:

- Are you submitting a change of address at this time: \_\_\_\_ Yes \_\_\_\_ No

E-Mail Address: \_\_\_\_\_

NAME AND ADDRESS WHERE YOU WANT VERIFICATION LETTER(S) MAILED TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_