

**VERIFICATION OF LICENSURE**

**To be completed by applicant prior to mailing to each state in which you now hold or have ever held a license to practice. Please print.** (This form may be copied as necessary.)

Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(state)

(zip code)

License Type/ Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize the Board of Dentistry of the State of \_\_\_\_\_  
to furnish to the Maine State Board of Dental Examiners the information requested below.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by the State Licensing Board verifying the above information. Please complete this section and return to the Board's address at 161 Capitol Street, Augusta, ME 04330:**

**LICENSING BOARD OR AGENCY:** This is to certify that the above-named was issued:

License Type/Number: \_\_\_\_\_

Date issued: \_\_\_\_\_

Date of expiration \_\_\_\_\_

**Current Status of License: (check all that apply)**    Active    Inactive    Lapsed  
Probation    Restricted    Suspended    Revoked

**Disciplinary Action:** (If yes, please attach a copy of the decision and a detailed explanation for the discipline and a copy of the consent agreement(s) or decision & order(s) issued)

Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, encumbered in any way or is it currently under investigation?    Yes    No

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

State completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

(SEAL)