



## Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600  
Austin, Texas 78701  
(512) 463-6400 | Fax (512) 649-1658

**FEE IS PER  
VERIFICATION**

**\$11.00**

### VERIFICATION OF LICENSURE or REGISTRATION

**Instructions:** This form is intended to be used if you have applied or will be applying to another state licensing agency which requires validation of having held a Texas license or dental assistant registration. A fee is required for each verification you are requesting. Mail this form along with your check or money order made payable to the Texas State Board of Dental Examiners at the above address. Processing may take up to two weeks.

I am requesting a verification for the following license/registration:

- Dentist License #: \_\_\_\_\_  Dental Hygiene License #: \_\_\_\_\_  
 Registered Dental Assistant #: \_\_\_\_\_

Total Number of Verification Letters Requesting:

\_\_\_\_\_

Total Amount Due:

\$ \_\_\_\_\_

First Name

Middle Name

Last Name

Current Address

Permanent Address

Work Address

Preferred mailing address: (preferred address will be made available to the public)

Current

Permanent

Work

Daytime Phone #:

Email Address:

**Recipient Information:** Name and Address to where you want the verification letter(s) to be mailed to

Name/Organization

Address

City

State

Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date