

VERIFICATION OF LICENSE - DENTIST

Access this form via website at: cca.hawaii.gov/pvl/boards/dentist

Board of Dentistry
 State of Hawaii
 Department of Commerce and Consumer Affairs
 PVL Licensing Branch
 P.O. Box 3469
 Honolulu, HI 96801

APPLICANT: Complete Applicant section and mail to all jurisdictions where you hold or held a license at anytime. Contact the appropriate licensing agency for information on their processing time and service fees.

A P P L I C A N T	Name (First-Middle)		(Last)	
	Address (Include apt. no., city, state and zip code) - REQUIRED		Social Security No.	
			License Number	
			Date of Birth	
		Date Issued		
I hereby authorize the licensing agency of _____ to furnish the information below to the State of Hawaii Board of Dentistry. SIGN HERE: _____ Date: _____				

TO BE COMPLETED BY LICENSING AGENCY:

L I C E N S I N G A G E N C Y O N L Y	This is to certify that the above-named individual was issued license number _____ to practice as a dentist.			
	Social Security Number: _____			
	Date issued: _____			
	Date license/certificate expires: _____			
	Has this license/certificate ever been sanctioned in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain "yes" response and attach copy of Board's order and related information.)			
	Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain "yes" response and attach copy of Board's order and related information.)			
COMMENTS:				
Signature: _____ Title: _____ State: _____ Date: _____			BOARD SEAL	
TO THE APPLICANT: Attach original with Board's seal to your application form, <u>or</u> the licensing agency may send directly to the Board.				

THIS FORM MAY BE DUPLICATED

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.