



Oklahoma State Board of Dentistry
 2920 N. Lincoln Blvd., Ste. B
 OKC, OK 73105
 Phone (405) 522-4844
 Fax (405) 522-4614
 www.ok.gov/dentistry

VERIFICATION OF LICENSURE REQUEST

Instructions:

1. Use this form to request a verification of licensure or also known as a letter of good standing.
2. Fill form out completely. If form is incomplete, it will be mailed back.
3. Mail this form and your non-refundable fee to the Oklahoma State board of Dentistry at the address listed above. Payment can be made by check, money order, or cashier's check. **(DO NOT SEND CASH)** Please make payment to Oklahoma State Board of Dentistry or OKBOD.
4. **Processing and Receiving your verification:** Please allow up to 2 weeks for processing. The verification will be mailed to the address you provide below.

NAME of Licensee: _____ LICENSE Type and #: _____

Requestor Name if different from above: _____

Requestor Phone: _____ Can this be emailed only: _____

If so, to what Email: _____

Please send the verification to: _____

Please ensure to provide complete name and address.

(Example: Oklahoma State Board of Dentistry 2920 N. Lincoln Blvd. Ste. B OKC, OK 73105)

\$10 Fee per request

Number of verifications needed: _____ Amount due: _____

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