



Out of State Licensure Certification

A completed License Certification form must be submitted for EACH State in which the applicant is or has ever been licensed as a dental hygienist, regardless of the status of the license. This page may be photocopied.

I do hereby certify that _____ was issued
(Name of Applicant)

State Certificate/License Number _____ to practice dental hygiene in
the State of _____ on _____
(Name of State) (Month/Day/Year)

on the basis of: [] State clinical examination [] Regional clinical examination: _____
(Name)

[] Reciprocity/endorsement with State of _____.

License is: [] Current, expires: _____ [] Expired: _____

License is: [] Active [] Inactive

Has the license ever been surrendered, disciplined, suspended or revoked? [] Yes [] No

Signature of State Agency Official

Date

Printed Name of State Agency Official

Name of State Agency

() Telephone Number

STATE SEAL
MUST BE AFFIXED
HERE