



## 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**