

## ORDER FORM

### Purchase Professional Data– Data/Mailing Lists

**Disclaimer:** Although the Iowa Dental Board believes all information is correct, it cannot guarantee its accuracy. Information is updated continuously and can only be accurate to the date and time it was extracted from the system.

Data lists, which include the names and addresses of licensees, registrants, and permit holders, are available for purchase according to the following procedures:

- Complete all sections of the order form. Missing specifications may result in delays in processing your order.
- The signed Purchase of Data List Agreement **must** be returned to this office with the completed order form. The agreement affirms that the materials or publications to be disseminated shall not be published in a manner which could be construed by the public to mean that the Board supports, endorses, or approves of the materials disseminated. **Be sure to include your street address on the Purchase of Data List Agreement.**
- Payment shall be received prior to release of a data list.
- Processing time for an order is a minimum of 10 business days.

### **COST INFORMATION**

#### **Standard mailing lists include:**

- Full Name
- Address
- City
- State
- Zip Code

#### **Standard data lists include:**

- full name
- address
- city
- state
- zip code
- issue date
- license or registration number
- expiration date
- license, registration, permit status

\*The standard data list for dental assistants will distinguish those dental assistants who are registered and dental assistants who are registered and also hold a qualification in dental radiography.

**Please note:** *Additional data elements, programming or sorting increases the fees by \$25.00.*

**IOWA DENTAL BOARD  
PURCHASE OF DATA LIST ORDER FORM**

If you wish to purchase a data list, please print this document and complete the information requested below and return it to the Iowa Dental Board with the signed Purchase of Data list Agreement.

**Type of data list**

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Printed <b>mailing</b> list:                | \$65.00 per profession. |
| <input type="checkbox"/> <b>Mailing</b> list on disc:                | \$45.00 per profession. |
| <input type="checkbox"/> <b>Mailing</b> list in an electronic file:  | \$35.00 per profession. |
| <input type="checkbox"/> Printed <b>standard data</b> list:          | \$75.00 per profession. |
| <input type="checkbox"/> <b>Standard data</b> on disc:               | \$55.00 per profession. |
| <input type="checkbox"/> <b>Standard data</b> in an electronic file: | \$45.00 per profession. |

**Format of data list:**

- Pressure sensitive labels: Avery 5261 address labels  
 Printed List  
 Electronic file via E-mail  
 CD/DVD

**Type and status of license:**

- Dentists - Active  
 Dental Hygienists - Active  
 Registered Dental Assistants\* – Active  
 Anesthesia permit holders, please specify: \_\_\_\_\_

**Geographic Area:**

- In-State Licensees/Registrants Only  
 All Licensees/Registrants (In-State and those residing outside Iowa)  
 Specific Iowa counties (list the counties by name)

**Printing sequence:**

- Zip code  
 Alphabetical by last name of licensee  
 Other \_\_\_\_\_

The standard data list does not include resident or faculty permit holders, or the following license, registration or permit statuses: Lapsed, revoked, retired, surrendered, deceased, inactive, not renewing or disciplinary actions.

***Additional data elements, programming or sorting increases the fees by \$25.00.***

We are unable to provide social security numbers, graduation school, and graduation year.

Please complete the following information (print or type clearly):

## **PURCHASE OF DATA LIST AGREEMENT**

By signing this form:

I verify having full knowledge and understanding that materials/publications to be disseminated using a data list of names and addresses of licensed dentists, dental hygienists, or registered dental assistants, shall not be published in any manner which could be construed by the public to mean that the Iowa Dental Board or any of its employees supports, endorses, approves, etc., the materials/publications to be disseminated.

I acknowledge that I am placing an actual order for a data list of Iowa dental, dental hygiene licenses, and dental assistant registrants, for which I shall be responsible to assure payment is made.

Name: \_\_\_\_\_

Firm/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_  
City/State/Zip

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form along with payment to the Iowa Dental Board.**

Make check or money orders payable to the Iowa Dental Board. The fee must be received in the Board office prior to the release of the data list.

Mail form and payment to:

Iowa Dental Board  
400 S.W. 8th Street, Suite D  
Des Moines, IA 50309-4687