

# APPLICATION FOR EXTENSION OF IOWA DENTAL RESIDENT LICENSE

**IOWA DENTAL BOARD**  
400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687  
Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

Please read the accompanying instructions prior to completing this application. Answer each question on the application. If not applicable, mark "n/a." Submit the *non-refundable* extension fee of \$40, payable to the Iowa Dental Board, with this application.

## 1. IDENTIFYING INFORMATION

Full Legal Name: (Last, First, Middle, Suffix)			Resident License Number:
Other Names Used: (e.g. Maiden)			
Home Address:			Telephone:
City:	County:	State:	Zip:
Work Address:			Telephone:
City:	County:	State:	Zip:
Home Fax:	Home E-mail:	Work Fax:	Work E-mail:
Social Security Number:	<b>Privacy Act Notice:</b> Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.		
Type of program/department affiliations:	Date program began:	Original expected completion date:	New expected completion date:

➤ Please submit with your application a letter explaining the need for the extension.

I certify that the information contained in this application, including any attachments, is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## 2. PROGRAM DIRECTOR CERTIFICATION

Name of program director:	License/permit number:
Name of person responsible for supervision of applicant:	License/permit number:
YES <input type="checkbox"/> NO <input type="checkbox"/> Have any warnings been issued, investigations conducted, or disciplinary action taken, whether by voluntary agreement or formal action? If yes, provide a written explanation.	

➤ Please submit with this application a letter from the director of the training program attesting to the progress of this resident.

I hereby certify that the above applicant is enrolled as a resident, intern, or graduate student dentist at this institution.

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date