ORDER FORM

Iowa Dental Board

Name: _____

Address: _____

_____

Email Address: _____

Phone: _____

Date: _____

I am requesting the following: (Please indicate quantity.)

_____ Dental Assistant Trainee Manual ($70 ea.)

_____ Duplicate certificate ($25 ea.) (license/registration)

_____ Duplicate renewal card ($25 ea.) (license/registration)

_____ Duplicate certificate ($25 ea.) (LA/MS/GA permit)

_____ Duplicate renewal card ($25 ea.) (LA/MS/GA permit)

_____ Written certification of license/registration* ($25 ea.)

_____ Printed copy of Jurisprudence for Dental Professionals ($25 ea.)

_____ Printed copy of Iowa Code chapters applicable to dental professions ($10 ea.)

_____ Printed copy of Iowa Administrative Code 650 (board rules) ($15 ea.)

Please indicate the name and address to which the requested item(s) should be mailed:

Address: _____

_____

*Written certification of license will include information about any local anesthesia, moderate sedation, or general anesthesia permits held in conjunction with a license or faculty permit.

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 release of the materials.

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