

**CERTIFICATION OF LICENSURE**

As part of the license application process, the Iowa Dental Board requires that this form be completed by every board that has ever issued any license to the applicant, even if the license is not current. The completed form must be mailed directly from the state licensing board to the **IOWA DENTAL BOARD**. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the board.

**Print Name** \_\_\_\_\_

**License #** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

\*\*\*\*\*  
This portion of the form should be completed by the state licensing board.

**IT IS HEREBY CERTIFIED THAT** \_\_\_\_\_  
(Name of Applicant)

**WAS GRANTED LICENSE NUMBER** \_\_\_\_\_ **DATE ISSUED** \_\_\_\_\_

**TO PRACTICE** \_\_\_\_\_ **IN THE STATE OF** \_\_\_\_\_

**DATE LICENSE EXPIRES** \_\_\_\_\_ **LICENSE STATUS** \_\_\_\_\_

**BASIS FOR LICENSURE:**

- NATIONAL BOARD EXAM**
- LICENSURE BY CREDENTIALS**
- STATE BOARD PREPARED WRITTEN AND/OR PRACTICAL EXAM**
- REGIONAL CLINICAL EXAM, NAME OF TESTING AGENCY** \_\_\_\_\_

**Scores are recorded as follows:**

SUBJECT	PERCENT	SUBJECT	PERCENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Scores are no longer available, however, I certify that it is apparent the applicant received a score sufficient to meet the licensure requirements of this state at that time; and these requirements were substantially equivalent to the requirements for licensure in Iowa.**

**YES**  **NO** **Disciplinary action ever been initiated, pending, or taken?**

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

Return completed form to: **IOWA DENTAL BOARD**  
400 S.W. 8th St, Suite D  
Des Moines, IA 50309-4687  
Phone (515) 281-5157

