



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**