

**Print Applicant's Name** \_\_\_\_\_

**Out of State Licensure Certification(s): If not applicable please initial here ( \_\_\_\_\_ )**

List all states in which you have been issued a license to practice dentistry/dental hygiene: (active, inactive, revoked, suspended, expired, lapsed etc.) You should have each state listed send an official license verification/certification to the Georgia Board of Dentistry.

<u>STATE</u>	<u>DATE(s) OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**References:** Listed below are two references that I have supplied with the proper form that was included in my application packet. I understand that it is my responsibility to see that these forms are returned. I certify these references are not related to me, nor are they connected with any dental/dental hygiene program I attended.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, \_\_\_\_\_

Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, \_\_\_\_\_

Zip \_\_\_\_\_

Occupation \_\_\_\_\_