



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH PROFESSIONS LICENSURE
250 WASHINGTON STREET
BOSTON, MA 02108
800-414-0168
www.mass.gov/dph/boards

BOARD OF REGISTRATION IN DENTISTRY
REQUEST FORM

Use this form to request a name change, address change and/or request a duplicate license.
Mail requests to the address above to the attention of the Board.
Check all that apply:

☐ NAME CHANGE ☐ ADDRESS CHANGE ☐ DUPLICATE LICENSE

[NOTE: IF YOU ARE REQUESTING A NAME CHANGE AND HAVE A CURRENT OR EXPIRED LICENSE WITH ANOTHER BOARD(S) WITHIN THE DIVISION, THE REQUESTED NAME CHANGE WILL BE EFFECTIVE FOR ALL BOARDS.]

Print/type clearly the information as it
CURRENTLY SHOWS on your license:

Name: _____

Address: _____

City/Town: _____

State: _____

Print/type clearly the information as you
wish it to appear on your NEW license.

Name: _____

Address: _____

City/Town: _____

State: _____ Zip Code: _____

For a name change, you MUST return the original hard copy of your license and submit a copy of supporting documents.

Check document submitted: __ marriage certificate __ divorce decree __ court documents __ other

Board Code: DN DH DA (circle one)

Lic. No: _____

Circle other professional licenses held: Nursing Pharmacy
Physician Assistant Respiratory Care Perfusion
Nursing Home Administrator

Lic. Type: _____

SSN (Mandatory): _____

Birth Date: _____

Expiration Date: _____

For official use only:

Fee: _____ Date Received: _____

MLO Receipt #: _____ MLO Receipt Date: _____

Staff Signature: _____

If your current license has been **lost or stolen**, please check here. _____

All addresses are subject to disclosure upon request, pursuant to MGL, Ch.4, Section 7.

My signature hereon attests under penalties of perjury that the information provided is truthful, complete and for lawful and honest purposes.

Signature

Telephone Number

Date

FEES:

- | | |
|---------------------------------|---------|
| 1. Duplicate License | \$17.00 |
| 2. Name change with new license | \$27.00 |
| 3. Address changes only | no fee |

**Make check or money order payable to the Commonwealth of MA.
DO NOT SEND CASH OR ELECTRONIC FUNDS TRANSFERS**