



**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH PROFESSIONS LICENSURE  
239 CAUSEWAY STREET, SUITE 500  
BOSTON, MA 02114  
800-414-0168  
[www.mass.gov/dph/boards](http://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:** \_\_\_\_\_

<b>For official use only:</b>	
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**