DENTAL HYGIENE APPLICATION FOR LICENSURE CANDIDATE ADDRESS AND LICENSE INFORMATION FOR THE MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Revised 03/19/2019

Please **TYPE** the information requested below as you would have it appear on your license.

FIRST NAME MIDDLE NAME LAST NAME

The full name will be the permanent name in which the candidate's license will be issued and will **NEVER** be changed, regardless of marital status.

CITY, STATE, & COUNTRY OF BIRTH DATE OF BIRTH

PLACE OF RESIDENCE (STREET, CITY, STATE, ZIP CODE)

HOME TELEPHONE NUMBER SOCIAL SECURITY NUMBER

DENTAL HYGIENE SCHOOL ATTENDED DATE OF GRADUATION

ADDRESS TO WHICH LICENSE SHOULD BE MAILED (If you are a current graduate and unsure of your address for the months of May or June, please have your license sent to a permanent address, such as parents, grandparents, etc.)

E-MAIL ADDRESS

This form MUST be included with the candidate's Application for Licensure by Examination or Credentials to Practice Dental Hygiene.

Print Form