

**APPLICATION FOR REINSTATEMENT OF MISSISSIPPI LICENSE**

- 1) Name: \_\_\_\_\_
- 2) Address: \_\_\_\_\_  
\_\_\_\_\_
- 3) Home Phone: \_\_\_\_\_ 4) Business Phone: \_\_\_\_\_
- 5) License Sought to be Reinstated: \_\_\_\_\_
- 6) Date of Licensure in Mississippi: \_\_\_\_\_
- 7) Date of Loss of Licensure in Mississippi: \_\_\_\_\_
- 8) Degrees Obtained, Where, When: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9) Licensure in Other States, Where, When: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10) The Secretary of the Board in each state in which you are currently licensed and/or which you previously have been licensed must provide this Board with a certified statement of your license status and good standing and/or the reason for your license expiration or revocation.
- 11) Practice or employment history during time of expiration of Mississippi license; provide names, addresses, and telephone numbers of business associates, dentists worked under, and location of practice:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12) Has your license ever been suspended in any other state since the time of expiration of your Mississippi license? (yes or no) \_\_\_\_\_

- 13) If yes, state when and where and for what reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 14) Have you taken and failed any examinations or been denied licensure in any other state? (yes or no) \_\_\_\_\_
- 15) If yes, state when and where: \_\_\_\_\_  
 \_\_\_\_\_
- 16) Why did you allow your Mississippi license to expire and be stricken from the Board's rolls? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 17) Why do you wish to have your license reinstated? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 18) The licensee must be current in continuing education and Cardiopulmonary Resuscitation requirements as set forth in Board Regulations 41 and 45, respectively. Copies of proof of compliance must be attached to this application.

I certify that the information provided in this application is true and correct and based upon my own personal knowledge.

\_\_\_\_\_  
 Signature of Applicant

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

SWORN BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS the \_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC  
 My Commission Expires:\_\_\_\_\_