



MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

600 EAST AMITE STREET, SUITE 100
JACKSON, MS 39201

PHONE: (601)944-9622 FAX: (601)944-9624

LICENSURE VERIFICATION ORDER FORM

Fill in **ALL** applicable information, and mail to the above address with payment of \$20.00.
NO PERSONAL CHECKS WILL BE ACCEPTED.

License Type:

- Dentist
 Dental Hygienist
 Dental Assistant

Licensee: _____

License Number: _____

Licensee Phone Number: _____

Licensee Signature: _____

Office/State Board Information (where to send verification) -

Office/State Board: _____

Street Address: _____

City, State and Zip Code: _____

For MSBDE Only:

Payment Method:

Certified Check

Money Order

Date Received: _____

Date Mailed: _____

Staff Member: _____