

Ohio State Dental Board
 77 S High St, 17th Fl
 Columbus, OH 43215-6135
 Phone: 614.466.2580 Fax: 614.752.8995
www.dental.ohio.gov

Do Not Write In This Space

Name (first, middle, last)	OH Lic/Cert/Reg # :
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ADDRESS CHANGE FORM

By statute, within 10 days of relocation, dentists must provide the Board with the new practice location address.

By statute, within 10 days of relocation, all other licensees must provide the Board with the new residence address and/or employer.

New Address:	Daytime Phone # :
Street:	Fax/ Alternate Phone # :
City:	Email address:
State: Zip:	County:
New Employer:	Employer Phone # :
Address:	City, State, Zip:

Signature of Licensee (required): _____ Date: _____

NAME CHANGE FORM

Name changes need to be accompanied by a copy of the legal document that changed the name (ie. Marriage Certificate, Divorce Decree, etc.) If you choose to practice under your new name, you must order new license and/or renewal certificates in your new legal name. Licenses are \$20 each and Renewal Receipt cards are \$14 each.

New Legal Name (first, middle, last)
