



OHIO STATE DENTAL BOARD RETIREMENT FORM

77 South High Street, 17th Floor
Columbus, Ohio 43215-6135
PH: 614-466-2580 FX: 614-752-8995
www.dental.ohio.gov
dental.board@den.state.oh.us

Do Not Write In This Space

DENTISTS & DENTAL HYGIENISTS

Name:

Street Address:

City: Zip:

Phone: Email:

Credential #:

Date license status should be made inactive; it should not be prior to the date of this notice:

Please note, you will continue to receive renewal emails if your license is active through 12/31.

Please provide a brief statement regarding your intentions to retire your license:

LICENSEE SIGNATURE REQUIRED _____ DATE _____