

# OHIO STATE DENTAL BOARD

## REQUEST FOR CHANGE OF INFORMATION

*Change of Address*     *Name Change*     *Employment Change*

*Last Name:* \_\_\_\_\_ *First Name:* \_\_\_\_\_

*New Name (Must submit documentation):* \_\_\_\_\_

*License Number:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_

## PREVIOUS INFORMATION

*Street Address:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*City, State, Zip* \_\_\_\_\_

*Employer:* \_\_\_\_\_

## NEW INFORMATION

*Street Address:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*City, State, Zip* \_\_\_\_\_

*Employer:* \_\_\_\_\_

*License number of employer dentist:* \_\_\_\_\_

\_\_\_\_\_  
*Requestor Signature*

\_\_\_\_\_  
*Date*