

# Change Request Form

(Name - Address - Email - Employment)

**RSA 317-A: 13, III** License Renewal states all persons licensed to practice dentistry or dental hygiene in this state shall notify the board in writing within 30 days of any change of business or residential address which may occur during the period between biennial registrations. Failure to do so may result in the Board issuing a letter of concern to the licensee.

## General Information-Please print legibly.

Name \_\_\_\_\_ License # \_\_\_\_\_

### Name Change (First, Middle, Last)

From \_\_\_\_\_

To \_\_\_\_\_

(Exact way your name is to appear)

Reason: Correction/Marriage/Divorce/Other – Explain \_\_\_\_\_

➔ **For name change, please include copy of legal documentation. (Marriage License, Divorce Decree, or other legal papers).**

### Address Change

New Address \_\_\_\_\_ Apt# \_\_\_\_\_

Physical location and PO Box for mailing if applicable

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone # \_\_\_\_\_ Effective Date \_\_\_\_\_

### Email Address Change

New Primary email address \_\_\_\_\_

(either business or personal)

### Employment Change

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone # \_\_\_\_\_ Effective Date \_\_\_\_\_

### Replacement Registration Wall Certificate

Fee - \$25.00 - check made payable to "Treasurer-State of NH"

**\*\*No charge when making a name change.**

### Replacement License Certificate

Fee - \$25.00 - check made payable to "Treasurer-State of NH"

STATE MAIL IS NOT FORWARDED TO ANY OTHER ADDRESS AND IT IS RETURNED TO THIS OFFICE.

Please forward this form to:

**NH Board of Dental Examiners  
NH Office of Professional Licensure and Certification  
7 Eagle Square  
Concord NH 03301  
(603) 271-4561**

Fax to (603) 271-6702 or Email to [dental.board@oplcnh.gov](mailto:dental.board@oplcnh.gov)