

LETTER OF GOOD STANDING

REQUEST FORM

To request a licensure verification or letter of good standing certifying the current status of your license, your history of legal/disciplinary action on file and/or any current adjudicatory proceeding or complaint investigation relating to you, please complete this form and include a check in the amount of \$25 (made payable to: Treasurer, State of New Hampshire).

Mail your completed request form and payment to New Hampshire Board of Dental Examiners, NH Office of Professional Licensure/Certification, 7 Eagle Square, Concord, NH 03301. Please allow 7-10 days for processing.

Licensee Name:

Known by any other name:

Licensee Address:

Licensee Phone Number:

License Number:

➔ SEND THE LETTER OF GOOD STANDING TO:
