



Virginia Department of
Health Professions
Board of Dentistry

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4538 (Tel)
(804) 698-4266 (eFax)
bodlicensing@dhp.virginia.gov
<https://www.dhp.virginia.gov/Boards/Dentistry/>

EMPLOYMENT VERIFICATION

(MUST BE COMPLETED BEFORE A NOTARY PUBLIC)

Name of Employing Dentist(s) or Agency: _____

Complete Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address _____

"I, _____ D.D.S./D.M.D./agency representative,
(Print name & Title of the Employing Dentist or Agency Representative)

certify that _____, was employed by me as a _____
(Print Applicant/Employee Name) (Print Job Title)

from ____/____/____ to ____/____/____, in the clinical, ethical, and legal practice of a _____
Month Day Year Month Day Year

Dentist's/Agency Representative Signature

Date

State of _____

County/City of _____

Sworn and subscribed to, before me, this ____ day of _____, ____ Year
Day Month Year

My commission expires on ____
Month Day Year

SEAL/STAMP

Signature of Notary Public

Print Name