



Virginia Department of
Health Professions
Board of Dentistry

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FORM B CHRONOLOGY

APPLICANT NAME: _____

Every applicant must provide a complete chronological, personal, and professional history of all activities you have engaged in since receiving your degree or certification, including teaching positions, all periods of non-professional activity or employment, volunteer work and all periods of unemployment. **Curriculum vitae and resumes are not accepted as substitutes for completing the chronological listing and will not be considered.**

Form B may be photocopied if copies are needed.

FROM Month/Year	TO Month/Year	Employer/Location of Private Practice, Complete Address, Contact Person & Telephone #	Position Held