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**REQUEST FOR VERIFICATION OF VIRGINIA
 DENTIST/DENTAL HYGIENIST LICENSE/REGISTRATION**

There is a **\$35.00 fee** for each verification of a Virginia Board of Dentistry credential to be sent to another state licensing/credentialing board. This Verification form will need to accompany any verification request or form from another state. Please include a \$35.00 check or money order made payable to the "Treasurer of Virginia."

A Virginia Board of Dentistry credential holder seeking to obtain a verification of his/her credential at no cost may do so by directing a board, employer, insurance provider or other interested parties to Department of Health Professions (DHP) License Lookup (<https://dhp.virginiainteractive.org/Lookup/Index>). This content resource meets the accreditation standards for primary source verification from the top seven-accreditation organizations for healthcare professionals.

Verifications are provided in the standard format of DHP. Forms from other jurisdictions will **not** be completed.

Examination test scores are not available for distribution by the Virginia Board of Dentistry. You must contact the testing vendors for primary source for verification of your examination(s).

A Verification will verify the following:

- Type
- Status
- Method
- Number
- Disciplinary History
- Expiration Date
- Issue Date
- Name

All verifications are completed in the order received. Please allow approximately 5-7 business days for processing. Please mail your request to:

Virginia Department of Health Professions
 Board of Dentistry
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233-1463

Licensee First Name	M.I.	Last Name	Maiden or Other
Licensee Address: Street		City	State
Licensee Daytime Phone Number		Licensee Email Address	
Virginia License/Permit/Registration Number		Last four digits of your Social Security Number or <u>Virginia</u> DMV control Number on record. XXX-XX- ____ ____ ____ ____	
Address where verification should be mailed (Name, Street and/or Box Number, City, State, Zip Code)			

Or email address where verification should be emailed _____			

SIGNATURE OF LICENSEE _____ DATE _____

FOR OFFICE USE ONLY			
FEE AMOUNT	PAYMENT RECEIVED	DATE PROCESSED	PROCESSED BY
\$35.00			