

ATTENTION: BEGINNING JUNE 1, 2016, FIRST TIME, UNREGISTERED DENTAL ASSISTANT APPLICANTS IN THE STATE OF TEXAS ARE NO LONGER REQUIRED TO COMPLETE THIS FORM. Please contact your state dental board with any questions.

INSTRUCTIONS: Please type or legibly print in ink the information requested below. A **notarized copy** of this form along with a \$10.00 check, money order or credit card information should be made payable and mailed to the American Association of Dental Boards at the address below. A copy of the results will be mailed to you within 10 business days from the date of receipt in a sealed envelope to be forwarded **unopened** to your dental board.

*** Information requested must be completed in order to process the self-query.**

***PAYMENT:**

***CREDIT CARD BILLING ADDRESS ZIP CODE:**

CARD #:

EXP DATE:

NAME *LAST:

***FIRST:**

***MIDDLE :**

***PREVIOUS NAMES:**

***MAILING ADDRESS:**

APT/UNIT #:

***CITY:**

***STATE:**

***ZIP:**

***TELEPHONE #:**

EMAIL :

***DATE OF BIRTH:**

SOCIAL SECURITY # (LAST 4):

***PROFESSIONAL SCHOOL ATTENDED (IF ANY):**

***PROFESSIONAL SCHOOL - CITY AND STATE:**

***YEAR OF GRADUATION:**

***DEGREE**

DDS/DMD

RDH

RDA

LICENSE # (IF ANY):

STATE

The reliability of reports produced by the Clearinghouse is dependent upon the accuracy and timeliness of the information provided by the reporting entities. The AADB will make no representations or warranties, either expressed or implied, as to the accuracy of the information and will assume no responsibility for errors or omissions that may be contained therein.

Your Signature Notarized (Notaries can be found at a bank or currency exchange)

SIGNATURE

DATE

NOTARY PUBLIC SIGNATURE:

SIGNED BEFORE ME THIS DATE:

MY COMMISSION EXPIRES:

(SEAL)

MAIL FORM TO:

**American Association of Dental Boards
211 E. Chicago Ave. Suite 760 - Chicago, IL 60611
Telephone (312) 440-7464**