

SELF-QUERY

INSTRUCTIONS

Type directly into this form or print **legibly** in ink. Unless noted "if any," ***all information is required*** and must be completed in order to process the self-query. ***This form must be notarized.*** Notaries can be found at a bank or currency exchange.

Mail the **original** of this form to the address below. Enclose a \$25 **signed** money order made payable to the American Association of Dental Boards. **WE ONLY ACCEPT MONEY ORDERS.** A report will be mailed to you in a sealed envelope within 10 business days from the date of receipt. For expedited service, enclose a pre-paid overnight label or pre-paid envelope.

Texas Dental Assistants: If you are a first-time, unregistered dental assistant, the [Texas State Board of Dental Examiners](#) no longer requires an AADB Self-Query, unless applying for a nitrous oxide permit. For more information, contact the Texas State Board of Dental Examiners at (512) 463-6400 or info@tsbde.gov.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

PREVIOUS NAMES (if any) _____

MAILING ADDRESS _____ APT/UNIT # _____

IF ABOVE ADDRESS IS A BUSINESS/COMPANY, ENTER COMPANY NAME (if any) _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____ EMAIL _____

DATE OF BIRTH (mm/dd/yyyy) _____

PROFESSIONAL SCHOOL ATTENDED (if any) _____

PROFESSIONAL SCHOOL CITY AND STATE (if any) _____

YEAR OF GRADUATION (if any - yyyy) _____ (Dental assistants: If no school, enter the year your training was completed)

DEGREE/CREDENTIAL/OTHER DDS DMD RDH RDA or DA

DENTAL LICENSE NUMBER(S) (if any) _____ ISSUING STATE(S) _____

The reliability of reports produced by the AADB Clearinghouse for Board Actions relies upon the accuracy and timeliness of information provided by the reporting entities. AADB makes 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.

NOTARIZATION

YOUR SIGNATURE

DATE

NOTARY PUBLIC SIGNATURE

(NOTARY SEAL)

SIGNED BEFORE ME THIS DATE _____

MY COMMISSION EXPIRES _____

PAYMENT

Enclose a \$25.00 money order payable to the American Association of Dental Boards. **WE ONLY ACCEPT MONEY ORDERS.**

MAIL THIS FORM TO:
American Association of Dental Boards
 211 E. Chicago Avenue, Suite 760 • Chicago, IL 60611 • (312) 440-7464