



South Dakota State Board of Dentistry

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www.sdboardofdentistry.com

Request for Verification Letter

The official verification letter will include the license number, original license date and license expiration date, along with verification of the licensee's standing with the state of South Dakota.

You must submit this form and \$25 per verification letter requested to:

South Dakota State Board of Dentistry
Verification Letter Request
PO Box 1079
Pierre, SD 57501

Contact Information of person submitting this form:

Name of Person Submitting This Form: _____

Phone: _____ E-mail: _____

Licensee/Registrant Information:

Name: _____ License or Registration #: _____

Address: _____

City: _____ State: _____ Zip: _____

Please check one:

Dentist

Dental Hygienist

Registered Dental Assistant

Dental Radiographer

If expired, include dates of licensure: _____

Information regarding where you would like the verification letter(s) sent:

Name of Entity: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For Office Use Only: Check # _____ Amount _____ Date _____ Version 16.0510