NAME AND ADDRESS CHANGE FORM

By statute (NDCC 43-28-23), within 30 days of relocation, dentists must provide the Board with the new practice location address. Dental hygienists and registered dental assistants must provide the Board with the new residence address within 30 days of relocation. A notarized copy of a court document or a copy of a marriage certificate must accompany name changes.

_____Dentist _____Dental Hygienist _____Registered Dental Assistant

Effective Date of name change_____and/ or address change_____

License or registration number: _____

Full Legal Name_____

Previous Name (if applicable) _____

Current Residence Address (Street, City, State, Zip Code)

_____

_____

Phone ( ) _____

Current Practice Location (Street, City, State, Zip Code)

_____

_____

Phone ( )_____

Current Email address _____

Comments:

_____

_____

Mail or fax changes to: **NDSBDE**
PO Box 7246
Bismarck, ND 58507-7246
Fax (701) 224-9824