

North Dakota State Board of Dental Examiners

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Bismarck, ND 58502 • Phone 701-258-8600

Web www.nddentalboard.org • Email info@nddentalboard.org

List Request Form

(This form is not required if all information is included in a written request!)

Person requesting list _____

Organization or business name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

I request the following:

Purpose of the list: (Please mark one):

☐ Continuing Education ☐ Employment Recruiting ☐ Research ☐ Other _____

License levels: (Please mark as many as necessary): ☐ Dentists ☐ Hygienists ☐ Assistants

Information requested:

☐ Active license ☐ Inactive licenses ☐ Other _____

Specific Fields requested (All files will be sent with name, work address, license number, issued date, and expiration date. The Board will never release SSN and DOB. Other fields may be closed information depending on the purpose of the list.)

☐ None specified ☐ Anesthesia endorsements ☐ School and graduation date
☐ Disciplinary actions ☐ Other _____

Format: The file will be sent by email in pipe-delimited list format but can easily be converted to Excel. Please indicate if you need instructions to do this. _____ Send instructions to convert to Excel.

Other: Provide explanation if you seek information, forms, or formatting other than those described above. The Board may or may not be able to accommodate such requests and fees may be assessed.

List sent to: (Please mark one):

☐ Email address listed above ☐ Email address listed below

Email _____

Contact the Board office if you have any questions.

IN OFFICE USE ONLY:

Filename _____

Date sent _____ Comments _____