

North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58502 • Phone 701-258-8600
Web www.nddentalboard.org • Email info@nddentalboard.org

List/Labels Request Form

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

The fee for list/labels is \$100 for each profession. For a list of dentists, hygienists, and assistants, the fee is \$300. Please send check or money order made payable to NDSBDE.

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

List/label order: (Please mark one):

Alphabetical License number Zip code No order Other _____

Information requested:

Active license Inactive licenses Other _____

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

None specified License number, issued date, expiration date Anesthesia endorsements

School and graduation date Disciplinary actions Other _____

Format: (For email, the file will be sent in pipe-delimited format but may be converted to Excel. Check the box below if you need instructions to do this.) (Please mark one):

Mailing Labels Paper List Email – _____

Send instructions to convert to Excel.

List/labels sent to: (Please mark one):

Email address listed above Address listed above Address listed below

Name _____ Business _____

Address _____ City _____ State _____ Zip _____

Please send your request with the correct fee to the mailing address above. Contact the Board office if you have any questions.

IN OFFICE USE ONLY:

Filename _____

Date sent _____ Comments _____