



002 - _____

Check One
Dentist (1201) _____
Dental Hygienist (1202) _____
Dental Assistant (1222) _____

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243**

**TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123 ext. 5325073**

<https://www.tn.gov/health/health-program-areas/health-professional-boards/dentistry-board.html>

Application for Duplicate License

√	Duplicate License Requesting	Fee Due for Each	
		Dentist	Hygienist/Assistant
	Renewal Certificate (5x7) with Wallet Card	\$30.00	\$20.00
	Wall License	\$30.00	\$20.00

I _____
(First)
(Middle)
(Maiden)
(Last)

of _____
(Street Address)
(City, State, Zip)

the lawful possessor of the renewal certificate to practice _____
(Profession)

in the State of Tennessee do hereby request a replacement of said license. The license was:

_____ Lost _____ Stolen _____ Destroyed _____ Other: _____
(List Reason)

I attended: _____ and I graduated in: _____
(Educational Institute)
(Year)

and my License Number is: _____ which was issued on _____.
(Month/Day/Year)

My Social Security Number is: _____

 Signature of Licensee



The person whose signature appears above has personally appeared before me and being duly sworn, states that the statements made in this application are strictly true on this _____ day of _____, _____.

 Signature of Notary

SEAL

My Commission Expires: _____