

WEST VIRGINIA BOARD OF DENTISTRY PO BOX 1447 CRAB ORCHARD, WV 25827 (304)252-8266

PETITION FOR DETERMINATION OF INITIAL LICENSURE ELIGIBILITY

□ Dentist	□ Hygienist	Non-Refundable Fee: \$100.00		
Applicant's Name:				
Last		First	MI	Suffix
Maiden/Former Last Name (if applicable)				
Mailing Address:				
<u> </u>	Street	City	State	Zip
Home Phone:		Cell Phone:		
Email Address:				

CRIMINAL RECORD INFORMATION

You MUST provide the following information in one or more attachments for the Board to process your petition and render a determination of initial licensure eligibility:

- The specific nature of your criminal conviction(s) including the facts and circumstances thereof and relevant legal citations or documents.
- The jurisdiction(s) where the criminal conviction(s) occurred include state, county, city where the crime occurred and the court record.
- The date(s) of the criminal conviction(s) including month, date, and year.

I, ______, do hereby certify, under penalty of perjury and false swearing, have personally completed this licensure eligibility request and the answers are true and correct to the best of my knowledge. I have carefully read and understood the instructions in the form. I understand that any determination of initial licensure eligibility is based on the truth and accuracy of the information provided herewith. I further understand that the information provided herewith is subject to investigation and verification by the WV Board of Dentistry.

Applicant's Signature

Date