West Virginia Board of Dentistry PO Box 1447, Crab Orchard, WV 25827 (304) 252-8266

Petition for Determination of Initial Licensure Eligibility

Gender: ☐ Male	☐ Female	Date of Birth:			
Applicant's Name:					
	Last	First		MI	Suffix
Address:					
	Street		City	State	Zip
Phone Number:		Email Address:			
Specific Nature of th	e Conviction:_				
Date of Conviction:		_ Jurisdiction of Conviction:_			
	mm/dd/yyyy		City	State	County
Please submit the	e following v	with your petition:			
documents (require ☐ Evidence of Rehabi ☐ Letters of Reference	d) ilitation (optiona e (optional)	e the facts and circumstances the al) and the ability to practice as a Do		_	
Affirmation by V	Vritten Decl	aration			
I understand that I are completeness of the inform. By signing this true, and correct to the licensure eligibility if	n to personally information pro s wavier, I cert he best of my k based on the to	complete this petition, and an ovided. I have carefully read a lify that the information providence and belief. I understruth and accuracy of the information herewith is subject to in	n solely respond understood and understood ed in connectand that any mation provides	onsible for the od all instruction therewith y determination ded herewith.	accuracy and ons in the is complete, on of initial I further
Applicant's Signature				Date	