

WEST VIRGINIA BOARD OF DENTISTRY
PO BOX 1447
CRAB ORCHARD, WV 25827
Phone: 304-252-8266 Fax: 304-253-9454
Email: wvbde@suddenlinkmail.com

Special Volunteer Event License for Out of State Licensees

This application, if approved, will permit you to practice under the provisions of W. Va. Code, §30-1-21, for a charitable event not to exceed a period of 10 days.

Will you be volunteering as a dentist or hygienist? **Dentist** **Hygienist**

Applicant Name

Applicant Address

Phone number, Email address

Charitable Event Title, Purpose and Dates of practice for the event

Charitable Event Sponsoring Organization

Sponsoring Organization's Address, Telephone Number or Email address

Professional Licenses Held For the Previous Three Years

State, License Number

State, License Number

State, License Number

State, License Number

Have you been subject to disciplinary action or have pending disciplinary action in any of these jurisdictions? ___ yes ___ no If yes, Please describe the action on an additional page.

I attest that all statements listed in this application are true and correct.

Applicant's Signature

Date