

West Virginia Board of Dentistry - Verification Letter Request Form

Please provide the information below. The recipient name and address is for the agency/business you would like the verification letter sent to. A \$25 fee is required for all Verification Letters.

Name: _____

License Number: _____

License Type (Dental/Hygiene): _____

Contact Phone Number: _____

Email _____

Recipient Name and Address: _____

Check for \$25 Enclosed

Notes/ Special Instructions:

Make Checks Payable to: West Virginia Board of Dentistry

Mail Request to:

West Virginia Board of Dentistry

P.O. Box 1447

Crab Orchard, WV 25827