

Complete verifications must be mailed directly from the verifying agency to:

Board of Dentistry

4052 Bald Cypress Way Bin C-04
Tallahassee, FL 32399-3258



Board of Dentistry Full-Time Practice Verification

Who needs to use this form?

Applicants who have passed the ADEX exam over 365 days prior to the date of their application and have practiced dentistry under a dental license issued by another U.S. state or territory **OR** during residency at an accredited dental residency program.

Applicants DO NOT need to complete this form if they have passed the ADEX examination within 365 days prior to the application date.

Part I: To be completed by applicant (Complete this section and submit a copy to each place where you participated in full-time practice.)

Name: _____

Name of residency program or place of employment:

Address of residency program or place of employment:

City: _____ State: _____ ZIP: _____

I hereby authorize release of any information regarding my employment status with your facility to the Florida Board of Dentistry.

Applicant Signature: _____ Date: _____
MM/DD/YYYY

Part II: To be completed by employer- All verifications must be in English and submitted directly from the agency, employer, or office manager, if self-employed. All verifications must include the following:

- * Typed on official agency letterhead with an original signature
- * Applicant name
- * License number (if applicable)
- * Supervising dentist information (if applicable)
- * Position title while employed
- * Place of employment
- * Address of employer (including mailing address, city, state, ZIP, country)
- * Employer's telephone number (including area code)
- * Hours worked per week
- * Signature of verifying agent and date completed