

To The Applicant – Fill out this form if licensed in another State

Please complete the identifying information and submit to:

Drug Enforcement Administration
Attention: Dale – Diversion Unit
400 Second Avenue West
Seattle, WA 98119

Date: _____

To Whom It May Concern:

I am applying for a license to practice dentistry in the State of Oregon. Please indicate on the lower portion of this form if there is any derogatory information on file against me. Please send this form directly to the Oregon Board of Dentistry. Thank you for your assistance.

Name: _____

Date of Birth: _____

DEA Registration Number: _____

Address where DEA No. is Registered: _____

Signature of Applicant

Please Print Name

Response:

Please mail or fax to the following:

Oregon Board of Dentistry
1600 SW 4th Avenue, Suite 770
Portland, OR 97201

Fax: (971) 673-3202