



# VIRGINIA BOARD OF DENTISTRY

9960 Mayland Drive, Suite 300

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(804) 367- 4538

## APPLICATION FOR ORAL AND MAXILLOFACIAL SURGEON REGISTRATION OF PRACTICE

**INSTRUCTIONS:** A completed application shall include the following unless otherwise stated below. An incomplete application will delay the processing of your application. Please type or print clearly. If the space provided for any answer is insufficient, you may complete your answer on a separate page, sign the page and enclose it with the application.

**The fee for an application for Oral and Maxillofacial Surgeon Registration is \$175 and must be paid with a certified check, cashier's check or money order, made payable to The Treasurer of Virginia. Pursuant to 18VAC60-21-40(G) all fees are non-refundable. Your application will not be reviewed until you have submitted payment. Please mail the completed form and the application fee to the address noted above.**

Name: Last		First		Middle/Maiden		Suffix	
Address of Record (Mailing Address)		City		State	Zip Code	Telephone Number	
Publicly Disclosable Address		City		State	Zip code	Telephone Number	
Email Address:				Fax #			
Date of Birth ____/____/____				Social Security Number or Virginia DMV Control Number ____--____--____			
Date of Completion of Residency ____/____/____		Name of Completed OMS Residency Program. <b><u>Please attach a copy of the certificate of completion:</u></b>					

Virginia Dental License Number: \_\_\_\_\_

By signing below, I certify that I am the person referred to in the forgoing application and the attached supporting documents and that the information on this application and in the attachments is true, complete, and correct to the best of my knowledge. I further certify that I have carefully read the laws and regulations applicable to the registration of oral and maxillofacial surgeons and hereby agree to abide by and remain current with the applicable laws and regulations which are available online at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### Do not write in the spaces below. For office use only:

Date Received	Fee	Pending #	Registration #	Date Issued