

Mail or email this completed form to
Louisiana State Board of Dentistry
P.O. Box 5256
Baton Rouge, Louisiana 70821-5256
Email: meg@lsbd.org

DENTAL HYGIENE INFORMATION SHEET

MUST BE RETURNED TO THE BOARD OFFICE WITHIN FIVE DAYS—IF YOU DO NOT RETURN THIS SHEET, YOU WILL NOT BE ENTERED INTO THE LICENSEE DATABASE. THIS MEANS NO ONE WILL BE ABLE TO VERIFY THAT YOU HOLD A LOUISIANA DENTAL HYGIENE LICENSE.

Name: _____

Home parish (if you do not reside in Louisiana, write N/A): _____

Telephone no.: _____

Mailing Address: _____

Home Address: _____

Email Address: _____

Please check here if you would like to receive Board updates via email: ☐

Louisiana dental hygiene license no.: _____ Issue date: _____

Date of birth: _____ SSN: _____

THIS SECTION TO BE COMPLETED BY ONLY THOSE LICENSEES PRACTICING IN LOUISIANA

Name and Louisiana dental license number of all dentists who employ you:

Name	License No.
_____	_____
_____	_____
_____	_____

HYGIENIST SIGNATURE

DATE

Information not known at the time you submit this form should be submitted when same becomes available.

You are required to notify the Board in writing via either fax, email, or postal mail (telephone notifications are not accepted) within thirty (30) days of any change to your mailing address, employer, or office location. Failure to do so may result in the imposition of one or more penalties set forth in R.S. 37:780 (B).