



SECRETARY OF STATE

Cathy Cox



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237 Coliseum Drive
Macon, GA 31217-3858
478.207.1680

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The **Georgia Board of Dentistry** has eleven members who are appointed by the Governor, and is comprised of nine dentists, one dental hygienist, and one consumer member. The Board carries out its responsibility for protecting the public health in the practice of dentistry by regulating and enforcing the standards of practice.

Through the Dental Board's licensure process, the Board ensures that those applying for licensure in this state as a dentist or dental hygienist have acceptable education, training, and personal character to safely practice in Georgia. In carrying out its regulatory functions, the Board sets and defines standards to draw the line between safe and dangerous dental practices.

The Georgia Board of Dentistry regulates approximately 4,914 dentists; 5,489 dental hygienists; 62 dental teachers, and 13 dental hygiene teachers. It fulfills its enforcement responsibilities by identifying and sanctioning those who practice below the accepted standards of the profession, or without the necessary qualifications. The Georgia Board of Dentistry generally meets once each month.



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Download Forms

The following forms are in Adobe Acrobat .pdf format, which requires the Adobe Acrobat reader for viewing and printing. For more information on Acrobat, or to download a free copy of the Acrobat reader, [visit the Adobe web site](#).

- [Application for Dental Licensure](#)
- [Application for Dental Hygiene Licensure](#)
- [Application for Volunteer Dental Licensure](#)
- [Jurisprudence Examination for Dentists](#)
- [Jurisprudence Examination for Dental Hygienists](#)
- [Reinstatement Application](#)
- [Dental/Dental Hygiene Faculty Application](#)
- [Temporary Public Health Application](#)
- [Application Instructions for Conscious Sedation or General Anesthesia/Deep Sedation Permit](#)
- [Conscious Sedation/General Anesthesia Additional Site Evaluation Request Form](#)
- [Fee Schedule](#)
- [Veteran Preference Points](#)
- [Petition for Variance or Waiver](#)
- [Health Fair Dental Screening - Request for Board Approval](#)
- [Decorative Wall Certificate Order Form](#)
- [Licensure Verification Order Form](#)
- [Duplicate Pocket Card License Order Form](#)
- [Name and/or Address Change Notification](#)
- [Licensee Roster Order Form](#)
- [Roster Request Form](#)



Georgia Board of Dentistry

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SECRETARY OF STATE
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Mollie L. Fleeman
DIVISION DIRECTOR
PROFESSIONAL LICENSING BOARDS

NAME/ADDRESS CHANGE NOTIFICATION

To change your name and/or address please complete this form and mail to the address listed above. **NOTE: requests for name changes must be accompanied by supporting documents (copy of marriage certificate, divorce decree, legal name change, etc).**



PLEASE PRINT CLEARLY

Previous Name: _____

Title (RDH, DMD, DDS): _____

License No.: _____

Previous Mailing Address: _____

Previous Phone#: (____) _____



CURRENT Name: _____

CURRENT Mailing Address: (H____) (W____) _____

CURRENT Phone#: (H____) (W____) _____



CURRENT Work/Office Address: _____

Work Phone No.: (____) _____

Cell/Other Phone No.: (____) _____

E-mail address: _____



LICENSEE SIGNATURE

DATE