



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
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Non-Resident Information  
(Non-Resident Permit)

**Must be type**

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address, City, State, Zip Code)

Phone: \_\_\_\_\_ Male \_\_\_\_/ Female \_\_\_\_

SSN/Canadian Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Year of Graduation from Dental School: \_\_\_\_\_

Dental School's Name: \_\_\_\_\_

State(s) Licensed: \_\_\_\_\_

License Number(s) \_\_\_\_\_

**Attach a copy of current license.**