



State of Idaho  
Division Of Occupational and Professional  
Licenses  
Board of Dentistry

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

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dopl.idaho.gov

Idaho Code §54-920(8) states: *“Each person licensed under this chapter shall notify the board in writing of any change in the person’s name or address of record within thirty (30) days after the change has taken place.”*

Please complete the form below.

NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I request the following be changed in regard to my Idaho Dental/Dental Hygiene License record:

- NAME
- ADDRESS
- BOTH

NEW NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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