SELF QUERY FORM

INSTRUCTIONS:
Type directly into this form or print **legibly** in ink. Unless noted "if any," ***all information is required*** and must be completed in order to process the self-query. ***This form must be notarized***. Notaries can be found at a bank or currency exchange.

Mail the **original** of this form to the address below. A report will be mailed to you in a sealed envelope within 10 business days from the date of receipt. For expedited service, enclose a pre-paid overnight label or pre-paid envelope.

LAST NAME_____ FIRST NAME_____

PREVIOUS NAMES (if any) _____

MAILING ADDRESS_____ APT/UNIT # _____

IF ABOVE ADDRESS IS A BUSINESS/COMPANY, ENTER COMPANY NAME (if any) _____

CITY_____ STATE_____ ZIP _____

PHONE (____)_____-_____ EMAIL _____

DATE OF BIRTH (mm/dd/yyyy) _____

PROFESSIONAL SCHOOL ATTENDED (if any) _____

PROFESSIONAL SCHOOL CITY AND STATE (if any) _____

YEAR OF GRADUATION (if any - yyyy)_____ **(Dental assistants: If no school, enter the year your training was completed)**

DEGREE/CREDENTIAL/OTHER ☐ **DDS** ☐ **DMD** ☐ **RDH** ☐ **RDA or DA**

DENTAL LICENSE NUMBER(S) (if any)_____ ISSUING STATE(S)_____

The reliability of reports produced by the AADB Clearinghouse for Board Actions relies upon the accuracy and timeliness of information provided by the reporting entities. AADB makes no representations or warranties, either expressed or implied, as to the accuracy of the information and will assume no responsibility for errors or omissions that may be contained therein.

NOTARIZATION

_____ _____
YOUR SIGNATURE DATE

_____ (NOTARY SEAL)
NOTARY PUBLIC SIGNATURE

SIGNED BEFORE ME THIS DATE _____

MY COMMISSION EXPIRES _____

PAYMENT
Enclose a $25 check or money order payable to the American Association of Dental Boards ***or*** provide credit card information below.

Payment Type ☐ Check/Money Order ☐ Visa ☐ MasterCard ☐ American Express

Card Number_____ Expiration Date (mm/yy) _____

Name on Card_____ Billing Zip Code _____

MAIL THIS FORM TO:
AMERICAN ASSOCIATION OF DENTAL BOARDS
ATTN: STEPHANIE RAMIREZ
5200 SOUTH MASSASOIT AVENUE
CHICAGO, ILLINOIS 60638

AADB
American Association of Dental Boards