

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 25/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE - DEN

APPLICANT: *Complete the applicant section of this form. Per Instruction Sheet, forward the form to the Dentist(s) who can verify that you have been lawfully engaged in the practice of dentistry or dental hygiene for at least 3 of the 5 years immediately preceding the filing of the application.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ___/___/___ Month Day Year	3. SOCIAL SECURITY NUMBER ___-___-___
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="text-align: center;"> _____ ___ ___ ___ Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME	7. CURRENT LICENSE NUMBER AND REGISTRATION STATE (If Applicable)	

REFERENT: *Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.*

PART I - DENTIST / DENTAL HYGIENIST INFORMATION

A. NAME	B. BUSINESS / INSTITUTION ADDRESS OF APPLICANT'S EMPLOYMENT/EXPERIENCE
C. EMPLOYER OR CO-WORKER LICENSE NUMBER (If Applicable)	D. BUSINESS ADDRESS STREET CITY STATE ZIP CODE
E. YOUR RELATIONSHIP TO APPLICANT <input type="checkbox"/> Employer <input type="checkbox"/> Co-Worker <input type="checkbox"/> Personal Acquaintance	

PART II - APPLICANT EMPLOYMENT INFORMATION

A. PROFESSIONAL PRACTICE IN WHICH APPLICANT WAS ENGAGED. <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist	B. TIME DURING WHICH YOU KNEW APPLICANT TO BE PRACTICING THE PROFESSION From ___/___/___ To ___/___/___ Month Day Year Month Day Year
C. RECORD ANY ADDITIONAL COMMENTS YOU WISH TO MAKE REGARDING THE APPLICANT'S EMPLOYMENT / EXPERIENCE.	

I do hereby declare that the information I have recorded is true and correct.

_____ Referent Residential Street Address

_____ Signature

_____ City, State, Zip Code

_____ Date