



OHIO STATE DENTAL BOARD

RETIREMENT FORM – Dentist

Email: licensing@den.ohio.gov, Fax 614-752-8995, or
Mail: OSDB 77 S. High St. 17th FL Col., OH 43215

Dentist

4715.14 (B)

A licensed dentist who desires to temporarily retire from practice and who has given the Board notice in writing to that effect shall be granted such a retirement, provided only that at the time all previous registration fees and additional costs of reinstatement have been paid.

Name:	
License Number:	
Address	Please update your address on the portal elicense.ohio.gov if applicable. <ol style="list-style-type: none">1. Log into your account2. Click the OPTIONS button on your license.3. Select Change Address.4. Click the blue + ADD ADDRESS button.5. Add your new address and click SAVE.6. Choose your new address from the Mailing Address drop down, and either check the box - Use as Public Address - or select a different Public Address from the Public Address drop down.7. Click SUBMIT – Once submitted, the address is updated automatically.
Email:	
Phone Number:	

Please do not submit this form until the week you intend to retire.

Retirement Date:	
Retirement Notice: Provide a brief statement regarding your intentions to retire your license.	

Additional information:

Do not submit this retirement request if you want to maintain current licensure in Ohio.

If you are not currently practicing dentistry in Ohio, but would like to maintain licensure, you will need to meet all renewal requirements, and renew timely.

The deadline to retire a current license is December 31st during renewal season.

Licensee Signature Required:

Date: