



OHIO STATE DENTAL BOARD

RETIREMENT FORM – Hygienist

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

Hygienist

4715.241 (B)

A dental hygienist seeking to retire temporarily from the practice of dental hygiene shall provide written notice of that intent to the state dental Board. Except as provided in division (C) of 4715.241. The Board shall grant temporary retirement if the dental hygienist has paid the registration fee required by section 4715.24 of the Revised Code for the registration period that includes the day immediately before the day that the temporary retirement is to begin. The license of a dental hygienist who is granted temporary retirement shall be inactive.

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 account 2. 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 dental hygiene 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: