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. SSN OR ITIN
__ __ __ - __ __ - __ __ __ __

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.

_____ __ __ __
Profession Name Profession Code

6. CURRENT LICENSE NUMBER AND REGISTRATION STATE (If Applicable)

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

PART I - DENTIST / DENTAL HYGIENIST INFORMATION

A. NAME

B. BUSINESS / INSTITUTION ADDRESS

C. EMPLOYER OR CO-WORKER LICENSE NUMBER (If Applicable)

D. YOUR RELATIONSHIP TO APPLICANT

[ ]Employer [ ]Co-Worker [ ]Personal Acquaintance

PART II - APPLICANT EMPLOYMENT INFORMATION

A. PROFESSIONAL PRACTICE IN WHICH APPLICANT WAS ENGAGED.

[ ]Dentist [ ]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