

Wisconsin Department of Safety and Professional Services

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 Madison, WI 53708-8935
Fax #: (608) 251-3036
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Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

MOBILE DENTISTRY PROGRAM RENEWAL ADDENDUM

Instructions: List staff below and email completed form to dspsrenewal@wisconsin.gov or fax to (608) 251-3036.

Mobile Dentistry Program Name (please print) _____
Wisconsin Mobile Dentistry Program License Number: _____ - 115

EMPLOYEES, CONTRACTORS, AND/OR VOLUNTEERS IN THE PROGRAM: (Must list all persons providing dental or dental hygiene care) Attach additional sheets as necessary. Please complete Form [3190](#) to report any person who has left the program.)

Name of Employee, Contractor, or Volunteer	WI Dentist/Dental Hygiene License Number	Start Date of Employment (if not previously reported)
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Printed Name	Title
Signature (If unable to provide a digital signature print and sign form.)	Date □□/□□/□□□□
Daytime Phone Number □□□□ - □□□□ - □□□□□□	E-mail Address