

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

NOTICE OF EMPLOYEE, CONTRACTOR, OR VOLUNTEER CHANGE

Instructions: List staffing changes below and email completed form to dspscreddentistry@wisconsin.gov.

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

EMPLOYEES, CONTRACTORS, AND/OR VOLUNTEERS LEAVING THE PROGRAM: Attach additional sheets as necessary.

Name of Employee, Contractor, or Volunteer	WI Dentist/Dental Hygiene License Number	End date of Employment
		□□/□□/□□□□
		□□/□□/□□□□
		□□/□□/□□□□
		□□/□□/□□□□
		□□/□□/□□□□

EMPLOYEES, CONTRACTORS, AND/OR VOLUNTEERS JOINING THE PROGRAM: (You must list all persons providing dental or dental hygiene care.) Attach additional sheets as necessary.

Name of Employee, Contractor, or Volunteer	WI Dentist/Dental Hygiene License Number	End date of Employment
		□□/□□/□□□□
		□□/□□/□□□□
		□□/□□/□□□□
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Printed Name	Title
Signature (If unable to provide a digital signature print and sign form.)	Date
	□□/□□/□□□□
Daytime Phone Number	Email Address
□□□□ - □□□□ - □□□□□□	