



Dental Quality Assurance Commission
P.O. Box 1099
Olympia, WA 98507-1099
360-236-4700

Dentistry License Return to Active Status from Retired Active Status

I am requesting a change in licensure status. I would like to return to active status from retired active status. I am enclosing a check or money order made payable to the Department of Health. Fees are located on the online [fee page](#).

I, _____, declare the following to be true:

- My retired active dentistry license is current and in good standing.
- No action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict my practice of dentistry.
- I have not voluntarily given up any credential or privilege and/or have been restricted in the practice of dentistry in lieu of or to avoid formal action.
- I have met continuing education and competency requirements as required by Washington State law.

Should I furnish any false or misleading information on this declaration, I hereby agree such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry in the state of Washington.

Signature of Dentist _____ Date _____

Current address _____

City _____ State _____ Zip Code _____

Phone (enter 10 digit #) _____

Email Address _____