



Request for Duplicate Certificate

Duplicate certificates or certificates reflecting a change of name may be requested of the Missouri Dental Association. Only the individual who is certified may submit the request. Certificates are the sole property of certified individual. There is a fee of \$10 per certificate.

Please complete the following information and fax or mail with payment. Please allow 7-10 for a new certificate to be issued and mailed.

Full Name (as originally certified)	
New Name (if different than above)	
Phone Number	
Email	
Mailing Address	
City, State, Zip	

Course Information

Course Taken	Restorative	Orthodontic	Remov. Prosthetics	Fixed Prosthetics
Date Taken & Location				

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Date Taken & Location				

Payment Information/\$10 fee per certificate issued

PAYMENT	<input type="checkbox"/> Credit Card (Visa/MC/Disc)	<input type="checkbox"/> Check (Payable to MDA)
Credit Card Number	Exp Date	
Name on Card	Signature	CSV

Fax form with payment to 573-635-0764 or
 Mail to Missouri Dental Association 3340 American Ave, Jefferson City, MO 65109.
 Contact Mandy Lewis at 573-634-3436 with questions.