



**Maryland State Board of Dental Examiners**

Spring Grove Hospital Center  
 Benjamin Rush Building  
 55 Wade Avenue/Tulip Drive  
 Catonsville, Maryland 21228  
 Phone: (410) 402-8501 • Fax: (410) 402-8505  
 Website: www.dhmdh.org/dental

**ROSTER REQUEST FORM**

All rosters come in Excel format. The roster(s) you receive will contain only public information; license #, license type, license status, name, address, city, state, zip, county, issue date, and expiration date. **Email address and phone numbers are not public information and will not be included with your roster.**

The list can be obtained alphabetically, by license type, license status, license number order or specialty.

Partial lists are not available (i.e., certain counties, cities, zip codes, etc.) The list contains all of the licensees in Maryland.

Payment must accompany request. We accept check or money orders made payable to the Maryland State Board of Dental Examiners. **Please do not send cash.** We do not accept credit cards or purchase orders.

If you have any questions or concerns regarding the roster, please contact Ms. Sandra Sage at (410) 402-8510.

Complete the form below and mail with payment to:

**Maryland State Board of Dental Examiners**

Spring Grove Hospital Center  
 Benjamin Rush Building  
 55 Wade Avenue/Tulip Drive  
 Catonsville, Maryland 21228

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Name: \_\_\_\_\_

Company/Business Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*Request(s) will not be sent until payment has been received.**

**\*\*Rosters will be sent via email.**

LICENSE TYPE	PRICE	ALPHABETICAL, LICENSE TYPE, LICENSE STATUS OR LICENSE NUMBER ORDER	
Dentists	\$190		
Hygienists	\$130		
Radiation Technologists	\$145		
Dental Assistants	\$145		