



## ARKANSAS STATE BOARD OF DENTAL EXAMINERS

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FOR BOARD USE ONLY

Fee paid: \_\_\_\_\_

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

Date: \_\_\_\_\_

## REQUEST FOR APPROVAL OF A FICTITIOUS NAME

"Each fictitious name or corporate name shall be registered with the Board by a licensed dentist(s) who must be associated with the dental facility and who shall assume responsibility for compliance with the section. **Each fictitious or corporate name must be approved by the Board prior to the use of the name.** Names which in the judgment of the Board of false, misleading, or deceptive will be prohibited."

Article VI of the Rules & Regulations

Complete and submit with fee of \$50 (check or money order) made payable to "ASBDE".

Fictitious name requested:	
Name of dentist requesting fictitious name:	Dental License #: _____ Specialty: _____
Address where name is to be used:	
City, State, Zip:	
Office telephone number:	

You will be notified in writing, informing you of the Board's decision to approve/deny your request.