



ARIZONA STATE BOARD OF DENTAL EXAMINERS

4205 North 7th Avenue, Suite 300 • Phoenix, Arizona 85013

Telephone (602) 242-1492 • Fax (602) 242-1445

www.dentalboard.az.gov

LICENSURE BY CREDENTIAL

AFFIDAVIT

AFFIRMING DENTAL PRACTICE

Must be completed if you have been licensed in another jurisdiction for more than five years.

I, _____ (name), hereby affirm that I have practiced dentistry for a minimum of 5000 hours within five years of the date of my application for licensure. I understand that for the purposes of Title 4, Chapter 11, Article 2 of the Arizona Administrative Code dental practice includes experience as a dental educator at a dental program accredited by the American Dental Association Commission on Dental Accreditation or employment as a dentist in a public health setting.

I fully understand that any false statement in this Affidavit constitutes cause for denial of licensure or revocation, cancellation, suspension of my license or any other disciplinary action authorized by Arizona Revised Statutes § 32-1263(4) if it is not discovered until after issuance.

Date

Signature of Applicant

State of _____

County of _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20_____.

Notary Public

My Commission Expires: