



**ARIZONA STATE BOARD OF DENTAL EXAMINERS
LICENSURE BY CREDENTIAL
CONTINUING EDUCATION AFFIDAVIT**

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

I, _____(Name) hereby affirm that I have completed the continuing education requirements of the state of _____ in which I am currently licensed as required in Arizona Administrative Code R4-11-202(B)(3) and R4-11-203(C)(3).

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: