



**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

**ATTESTATION AND CONSENT**

I, \_\_\_\_\_(print name) hereby affirm that I have fully and accurately disclosed on my application for licensure or certification any criminal history and convictions I have had in Arizona and any other state or country. I understand and consent that my license or certification may be subject to further review and processing by the Arizona State Board of Dental Examiners upon its receipt of any criminal history information and I agree to cooperate fully with any additional requests for information or documents arising therefrom. I further understand and consent that if I have failed to fully disclose any criminal history or convictions and/or I am denied a fingerprint clearance card pursuant to A.R.S. section 41-1758.03 that this may result in revocation or suspension of my license to practice dentistry/dental hygiene/denture technology in Arizona.

I declare the foregoing to be true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed sworn to and acknowledged before me before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: