

**Nomination Petition Form for State Dental Organizations  
Affiliated with A National Organization – 2024 Appointments  
Maryland State Board of Dental Examiners**

To Be Completed by State Dental Organizations Affiliated with  
A National Organization

This form must be completed and returned to the Board on or  
before **October 18, 2023**

Return this form to: Sandra Sage, Project Manager, Maryland State Board of Dental Examiners, Spring Grove Hospital Center, Benjamin Rush Building, 55 Wade Avenue, Catonsville, Maryland 21228.

A State dental organization affiliated with a national organization must be properly registered with the Board to nominate a candidate.

State dental organizations affiliated with a national organization should use this form to nominate a dentist for membership on the Maryland State Board of Dental Examiners. The organization may only nominate one candidate. A nominee must meet the qualifications for membership contained in the Annotated Code of Maryland, Health Occupations Article, § 4-202(c). Nominees must sign and return to the Board the attached attestation affirming under the penalties of perjury that they meet the qualifications. The nominee must be a member of the organization. The organization must obtain the signatures of 10 dentists who support the nomination.

Although the law requires the signatures of 10 dentists who support the nomination, this form allows for the signatures of 12 dentists, in the event that one or two dentists in support of the nomination do not qualify. If you choose, you may provide the signatures of only 10 dentists who you believe qualify. Note however that if fewer than 10 dentists qualify, this form will be invalid.

**An incomplete form will be returned. A form received after October 18, 2023 will be invalid regardless of the date of postmark.**

**Please keep the Board advised of any change in address or telephone number. You will receive a confirmation letter from the Board shortly after the Board receives this form. Nevertheless, you are strongly urged to contact Sandra Sage at 410-402-8536 or [sandra.sage@maryland.gov](mailto:sandra.sage@maryland.gov) to confirm the Board's receipt of this form.**

Nominee

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature (must be signed by nominee)

**By Signing this Petition Form For State Dental Organizations Affiliated With a National Organization I agree to be nominated as a candidate for appointment to the Maryland State Board of Dental Examiners**

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Print Address on File with the Board

Petitioner - State Dental Organization Affiliated with a National Organization

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Print Name of State Organization

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Print Address on File with the Board

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Telephone Number on File with the Board

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Contact Person's Name and Telephone Number

(1) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

(2) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

(3) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

(4) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

(5) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board  
(6) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

(7) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

(8) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

(9) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board  
(10) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

(11) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

(12) Dentist In Support of Nomination

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Print Name as it Appears on Maryland Dental License / Provide License Number

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Signature

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Print Address on File with the Board

**Qualifications for Dentists be a Member of the Maryland State Board of Dental Examiners**

Annotated Code of Maryland, Health Occupations Article, § 4-202(c).

In order to be a member of the Maryland State Board of Dental Examiners a dentist must meet the qualifications contained in the Annotated Code of Maryland, Health Occupations Article, § 4-202(c). It states:

Each dentist Board member:

- (1) Shall be an individual of recognized ability and honor;
- (2) Shall be a practicing holder of a general license to practice dentistry who has practiced dentistry actively in this State for at least 5 years immediately before appointment;
- (3) Shall be a resident of this State; and
- (4) In the case of a Board member belonging to an association whose members are regulated by the Board, may not be:
  - (i) An officer of the association;
  - (ii) A member of the association’s governing board or committee;
  - (iii) A member of the association’s House of Delegates; or
  - (iv) A voting member of a committee of the association that contributes to the establishment of governmental, regulatory, or legislative policy objectives of the association.

**Attestation for Dentists**

I affirm under the penalties of perjury that I meet the requirements of Health Occupations Article, § 4-202(c), Annotated Code of Maryland.

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

\_\_\_\_\_  
Date

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Signed