

MARYLAND STATE BOARD OF DENTAL EXAMINERS

BENJAMIN RUSH BUILDING • SPRING GROVE HOSPITAL CENTER
 55 WADE AVENUE/TULIP DRIVE • BALTIMORE, MARYLAND 21228
 PHONE – 410-402-8500 • FAX – 410-402-8505
<https://health.maryland.gov/dental/>

APPLICATION FOR RECOGNITION AS AN EXPERT WITNESS

You have expressed interest in serving as an expert witness in disciplinary cases for the Maryland State Board of Dental Examiners. Please complete and return this application to the Board as soon as possible.

Name:	Social Security Number:
License Number:	Home Phone: ()
Business Address:	Work Phone: ()
Home Address:	Email Address:
Which Address would you prefer the Board uses: <input type="checkbox"/> Business <input type="checkbox"/> Home	

EDUCATION

College Attended:	Degree:	Year Graduated:
Dental School:	Degree:	Year Graduated:
Post Graduate Degree:	Degree:	Year Graduated:

LIST ANY ACADEMIC HONORS RECEIVED IN COLLEGE, DENTAL OR POST GRADUATE SCHOOL

LIST ANY PROFESSIONAL ARTICLES, TREATISES, OR BOOKS PUBLISHED

PLEASE DARKEN THE APPROPRIATE BOX AND ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ANSWERED "YES".

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1) Has any State or Jurisdiction Licensing or Disciplinary Board or comparable body in the Armed Services, taken any action against your license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5) Since your last renewal, have you been charged with, pled guilty, nolo contendere, or been convicted of, or received probation before judgment of driving while intoxicated or of a controlled dangerous substance offense?
<input type="checkbox"/>	<input type="checkbox"/>	2) Have you surrendered or failed to renew a license in any State or Jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	6) Since your last renewal, has any hospital or related health care institution or employer denied you privileges or employment, denied any application for privileges or employment, failed to renew your privileges or contract or limited, restricted, suspended, revoked, or terminated your privileges or contract for any reason related to your practice of dentistry?
<input type="checkbox"/>	<input type="checkbox"/>	3) Have there been any complaints, investigations, or charges against you in any State or Jurisdiction by any Licensing or Disciplinary Board, or comparable body in the Armed Services?	<input type="checkbox"/>	<input type="checkbox"/>	7) Since your last renewal, have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice of dentistry?
<input type="checkbox"/>	<input type="checkbox"/>	4) Have you been charged with, pled guilty, nolo contendere, or been convicted of, or received probation before judgment for any criminal act (excluding traffic violations)?	<input type="checkbox"/>	<input type="checkbox"/>	8) Since your last renewal, has a malpractice suit been filed against you or has a claim for damages been settled or awarded against you?

PERMITS & SPECIALITIES

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the Board recognize you as a specialist? If so, please indicate specialty.	List expiration dates and permit numbers of each administration and facility permits that you hold:		
			Permit	Permit Number	Expiration Date
<input type="checkbox"/>	<input type="checkbox"/>	I administer general anesthesia.			
<input type="checkbox"/>	<input type="checkbox"/>	General anesthesia is administered in my facility.			
<input type="checkbox"/>	<input type="checkbox"/>	I administer parenteral sedation.			
<input type="checkbox"/>	<input type="checkbox"/>	Parenteral sedation is administered in my facility.			

List all dental specialty courses, certification, or training you have undertaken, dates and whether certificate or grades were issued.

Course	Institution	Dates	Certificate Issued?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSURE IN OTHER STATES

List other states or jurisdictions in which you hold a dental license. Include license numbers.

State	License Number

PROFESSIONAL ORGANIZATIONS

List all of the professional organizations that you have belonged to in the past five years, including the offices held and achievements attained or honors received with the organization:

Organization	Dates of Membership	Offices Held	Honors

TEACHING EXPERIENCE

Have you ever taught any professional courses? Yes No If so, please indicate courses and institutions:

Dates	Course	Institution

EXPERIENCE AS AN EXPERT WITNESS

PLEASE DARKEN THE APPROPRIATE BOX AND ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ANSWERED "YES".

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever provided expert services? If yes, please state in what capacity, for what court, board or forum, the attorney you worked with. Please attach, if in your possession, copies of any reports, written.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever testified under direct and cross-examination before a court, board or forum, as an expert witness? If yes, please state: when, in what capacity, for what board or forum, the attorney that you worked with. Please attach, if in your possession, copies of any transcripts of testimony.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever provided expert review or testimony for any HMO insurance carrier or private or public association or organization involved in health care? If yes, please state: when, in what capacity and for what organization.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been deposed as an expert witness in a case. If yes, please state: when, in what capacity, for what court, board or forum and the attorney you worked with.
<input type="checkbox"/>	<input type="checkbox"/>	Are you or have you ever been engaged in lobbying activities for any organization, company, association or individual? If yes, please describe in detail.			

I affirm that the contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

PLEASE ATTACH CV TO APPLICATION AND RETURN TO:

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