

Nomination Petition Form for Dentists – 2025 Appointments Maryland State Board of Dental Examiners

To Be Completed by Dentists

Do not use this form if you are a State Dental Organization Affiliated with A National Organization or a dentist who is nominated by a State Dental Organization Affiliated with a National Organization

This form must be completed and returned to the Board on or before **November 12, 2024**

Return this form to: Ms. Sandra Sage, Computer Information Service Supervisor, Maryland State Board of Dental Examiners, Spring Grove Hospital Center, Benjamin Rush Building, 55 Wade Avenue, Catonsville, Maryland 21228.

Use this form to nominate a dentist for membership on the Maryland State Board of Dental Examiners. 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.

Note that each candidate must obtain the signatures of 10 dentists who support the nomination. A dentist may be both a petitioner and a nominee. A dentist who is a petitioner but not a nominee is counted as one of the 10 dentists who support the nomination. A dentist who is a petitioner and a nominee is not counted as one of the dentists who support the nomination.

A petitioner must hold a Maryland general license to practice dentistry, a limited license to practice dentistry, a teacher's license to practice dentistry, a retired volunteer license to practice dentistry, or a volunteer license to practice dentistry. A dentist on inactive status may not be a petitioner.

The law requires the signatures of 10 dentists who support the nomination. However, this form allows for the signatures of 12 dentists, in the event that one or two petitioners 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 November 12, 2024 will be invalid regardless of the date of postmark.

You will receive a confirmation letter from the Board shortly after the Board receives this form. Nevertheless, you are strongly urged to contact Ms. Sage at 410-402-8536 to confirm the Board's receipt of this form.

Nominee

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

Signature

By signing this Nomination Petition Form For Dentists I agree to be nominated as a candidate for appointment to the Maryland State Board of Dental Examiners

Print Address on File with the Board

Petitioner

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

Signature

Print Address on File with the Board

(1) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(2) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(3) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(4) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(5) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(6) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(7) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(8) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(9) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(10) Dentist In Support of Nomination

(Must be completed if the petitioner and nominee is the same individual)

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

Signature

Print Address on File with the Board

(11) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(12) Dentist In Support of Nomination

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

Signature

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

Signed