

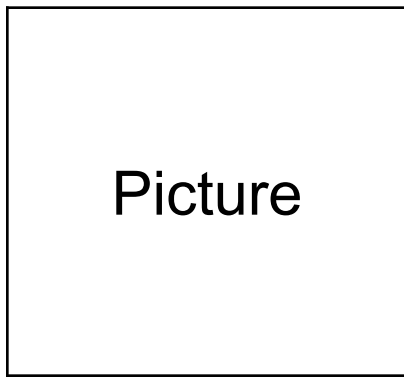


DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Spring Grove Hospital Center ♦ Benjamin Rush Building
55 Wade Avenue/Tulip Drive ♦ Catonsville, Maryland 21228 ♦ (410) 402-8500



*Please provide (1) 2x2 color photo with the head centered and sized between 1” and 1.4”

This is a true self photo taken in the last 2 years to reflect my current appearance with the photograph requirements contained in an initial application.

Print Name _____

Applicant Signature _____ Date _____

Notary Section

State of _____, County of _____, then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____