PLEASE SUBMIT \$150.00 APPLICATION FEE

MARYLAND STATE BOARD OF DENTAL EXAMINERS Spring Grove Hospital Center • Benjamin Rush Building 55 Wade Avenue • Tulip Drive Catonsville, Maryland 21228 (410) 402-8513

APPLICATION FOR BOARD IDENTIFICATION AS A SPECIALIST

Pursuant to COMAR 10.44.14, I hereby make the following application: 1. First Middle Date of Birth: _____ Place of Birth: ____ 2. Mailing Address: ______ No & Street 3. City Zip Code State 4. Telephone Number: (____) Year of Graduation 5, 6. I am licensed to practice dentistry in the following states: _____ License # _____ License # License # Check the area of specialty that is applicable to you. The Board recognizes the following areas of dentistry as 7. specialties: Endodontic Pediatric Dentistry Oral and Maxillofacial Pathology Periodontics Oral and Maxillofacial Radiology **Prosthodontics** Oral and Maxillofacial Surgery Dental Public Health Orthodontics and Dentofacial Orthopedics Specialty Training Received: ___ 8. Dental School Name Dates of Attendance

I hereby enclose **certified** proof of completion of a Board approved specialty training program (such as a copy of certificate or a letter from the school). I understand that **an original school certification must be affixed to transcript or diploma documents.** Letters from educational institutions on original letterhead, bearing an original signature do not require a raised, embossed school seal.

Year certificate received:

9.	Answer only if the applicant has not completed a specialty training program:	
	a.	Have you reasonably represented to the public that you were a specialist prior to July 1, 1979? If so, how many years?
	b.	I hereby certify that I have been specializing in the field of prior to July 1, 1979, and reasonable represented to the public that I was a specialist and limited my practice to the above identified specialty field. The dates during which I have limited my practice to that specialty are
	c.	Identify the education and experience on which the applicant's claim to be a specialist is based.
		TO BE COMPLETED BY ALL APPLICANTS
		Signed: Signature of Applicant
		<u>AFFIDAVIT</u>
State o	f	
County	of	
I hereb	y certi	fy that on this day of, 20, before me the subscriber, a notary
public,	in and	for the county aforesaid, personally appeared and made oath
in due	form o	f law that the above facts are true to the best of the applicant's knowledge. As witness, my hand and
notaria	l seal.	
		Notary Public
		S E A L
		My Commission expires on:

Revised 04/23/12

FOR BOARD IDENTIFICATION AS A SPECIALIST

- 1. In accordance with the Dental Code of Maryland-Regulations 10.44.14, these instructions have been developed to facilitate the completion of the Application for Board Identification as a Specialist.
- 2. An applicant may apply for the following areas of dentistry as specialties:

Endodontics
Oral and Maxillofacial Pathology
Oral and Maxillofacial Radiology
Oral and Maxillofacial Surgery

Pediatric Dentistry
Periodontics
Prosthodontics
Dental Public Health

Orthodontics and Dentofacial Orthopedics

Any area of specialty approved by the Commission on Dental Accreditation or its successor organization.

- 3. Only a licensed dentist, who has successfully completed a Board-approved specialty training program.
- 4. Applicants must provide certified proof of such program or a written statement, under oath, that sets forth the basis for the dentist's claim that, before July 1, 1979 (see Dental Code of Maryland-Regulations 10.44.14.05 (C) 1 and 2).
- 5. The applicable non-refundable fee for is \$150. Make all remittances payable to the Maryland State Board of Dental Examiners. **DO NOT SEND CASH.**

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

6. The completed application is to be forwarded to:

Maryland State Board of Dental Examiners Spring Grove Hospital Center Benjamin Rush Building 55 Wade Avenue • Tulip Drive Catonsville, MD 21228

7. Any questions concerning the completion of the application or the process in general, may be directed to the Board at (410) 402-8513.

Revised 04/23/12