

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

A F F I D A V I T

State of _____

County of _____

I hereby certify 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 of law that the above facts are true to the best of the applicant's knowledge. As witness, my hand and notarial 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 | Pediatric Dentistry |
| Oral and Maxillofacial Pathology | Periodontics |
| Oral and Maxillofacial Radiology | Prosthodontics |
| Oral and Maxillofacial Surgery | 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.