



ARIZONA STATE BOARD OF DENTAL EXAMINERS

5060 North 19th Avenue, Suite 406 • Phoenix, Arizona 85015-3214

Telephone (602) 242-1492 • Fax (602) 242-1445

LICENSURE BY CREDENTIAL

AFFIDAVIT

AFFIRMING DENTAL HYGIENE PRACTICE

Must be completed if you have been licensed in another jurisdiction for more than five years.

I, _____ (name), hereby affirm that I have practiced dental hygiene for a minimum of 1000 hours within two years of the date of my application for licensure. I understand that for the purposes of Title 4, Chapter 11, Article 2 of the Arizona Administrative Code dental hygienist practice includes experience as a dental hygienist educator at a dental program accredited by the American Dental Association Commission on Dental Accreditation or employment as a dental hygienist in a public health setting.

I fully understand that any false statement in this Affidavit constitutes cause for denial of licensure or revocation, cancellation, suspension of my license or any other disciplinary action authorized by Arizona Revised Statutes § 32-1263(4) if it is not discovered until after issuance.

Date

Signature of Applicant

State of _____

County of _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20_____.

Notary Public

My Commission Expires: