

Registration Form For State Dental Hygienist Organizations
Affiliated With a National Organization

Maryland State Board of Dental Examiners

COMPLETE THIS FORM IF YOU ARE A STATE DENTAL HYGIENIST ORGANIZATION AFFILIATED WITH A NATIONAL ORGANIZATION AND YOU WISH TO REGISTER WITH THE BOARD TO NOMINATE A DENTAL HYGIENIST CANDIDATE FOR APPOINTMENT TO THE MARYLAND STATE BOARD OF DENTAL EXAMINERS

**This form must be received by the Board on or before
November 10, 2020**

If you wish to nominate a dental hygienist candidate you must also complete a Nomination Petition Form For State Dental Hygienist Organizations Affiliated With a National Organization. The Nomination Petition Form For State Dental Hygienist Organizations Affiliated with a National Organization must be filed on or before November 10, 2020 or it will be invalid. The State dental hygienist organization affiliated with a national organization must be properly registered with the Board before the Nomination Petition Form for State Dental Hygienist Organizations Affiliated with a National Organization will be reviewed for filing.

You will receive a confirmation letter from the Board shortly after the Board receives this form. Nevertheless, you are strongly urged to contact Ms. Kathy Metcalf, Project Coordinator at 410-402-8517 to confirm receipt of this form.

I. General Information

Name of State dental hygienist organization affiliated with a national organization

Address of State dental hygienist organization

Telephone number of State dental hygienist organization

Contact person's name and telephone number

Name of national dental hygienist organization with which state organization is affiliated

Address of national dental hygienist organization

Telephone number of national dental hygienist organization

Contact person's name and telephone number

II. Documentation

The following documents must be provided with this registration form:

1. A current Certificate of Status issued by the State Department of Assessments and Taxation;
2. A certified copy of the State dental hygienist organization's bylaws; and
3. Proof that the State dental hygienist organization is a constituent organization of the national organization.

III. Signature of President, Executive Director, or Administrator

I solemnly affirm under penalties of perjury and upon personal knowledge that the contents of the foregoing paper and all attachments are true.

Signature of President, Executive Director, or Administrator
of State Dental Hygienist Organization Affiliated with a National
Organization

Title (Either President, Executive Director, or Administrator)

Date