

Registration Form For State Dental Organizations
Affiliated With a National Organization

Maryland State Board of Dental Examiners

COMPLETE THIS FORM IF YOU ARE A STATE DENTAL ORGANIZATION
AFFILIATED WITH A NATIONAL ORGANIZATION AND YOU WISH TO
REGISTER WITH THE BOARD TO NOMINATE A DENTIST 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 dentist candidate you must also complete a Nomination
Petition Form For State Dental Organizations Affiliated With a National Organization.
The Nomination Petition Form for State Dental Organizations Affiliated with a National
Organization must be filed on or before November 10, 2020 or it will be invalid. The
State dental organization affiliated with a national organization must be properly
registered with the Board before the Nomination Petition Form for State Dental
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 organization affiliated with a national organization

Address of State dental organization

Telephone number of State dental organization

Contact person's name and telephone number

Name of national dental organization with which state organization is affiliated

Address of national dental organization

Telephone number of national dental 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 organization's bylaws; and
3. Proof that the State dental 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 Organization Affiliated with a National Organization

Title (Either President, Executive Director, or Administrator)

Date