

**MARYLAND STATE BOARD OF DENTAL EXAMINERS**  
SPRING GROVE HOSPITAL CENTER • BENJAMIN RUSH BUILDING  
55 WADE AVENUE/TULIP DRIVE • CATONSVILLE, MARYLAND 21228  
PHONE – 410-402-8511 • FAX – 410-402-8505  
www.health.maryland.gov/dental/

**Jurisprudence Examination Affidavit**

AFFIDAVIT of Applicant:

I, \_\_\_\_\_, do hereby certify under oath the following:

I understand that this is an open book examination and the only authorized sources of assistance for completing this examination are the Maryland Dental Practice Act and Regulations.

I have read the Maryland Dental Practice Act and Regulations in its entirety and have completed this examination without the aid or assistance of any individual or other unauthorized source.

I further understand that in accordance with Maryland Health Occupations Code Annotated, §4-315, the Board shall have the authority to refuse to grant a license or to revoke a license or to discipline a licensee upon a finding that licensee or applicant has knowingly made misleading, deceptive, untrue or fraudulent representations in the practice of dentistry or on any document connected therewith.

Witnessed my signature, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_