

**Nomination Petition Form For State Dental Hygienist  
Organizations Affiliated With A National Organization –  
2016/2017**

**Maryland State Board of Dental Examiners**

To Be Completed by State Dental Hygienist Organizations  
Affiliated with  
A National Organization

This form must be completed and returned to the Board on or  
before October 11, 2016

Return this form to: Mr. Murray Sherman, Legal Assistant, Maryland State Board of  
Dental Examiners, Spring Grove Hospital Center, Benjamin Rush Building, 55 Wade  
Avenue, Catonsville, Maryland 21228.

A State dental hygienist organization affiliated with a national organization must be  
properly registered with the Board to nominate a candidate.

State dental hygienist organizations affiliated with a national organization should use this  
form to nominate a dental hygienist for membership on the Maryland State Board of  
Dental Examiners. The organization may only nominate one candidate. A nominee must  
meet the qualifications for membership contained in the Annotated Code of Maryland,  
Health Occupations Article, § 4-202(d). The nominee must be a member of the  
organization. The organization must obtain the signatures of 10 dental hygienists who  
support the nomination.

Although the law requires the signatures of 10 dental hygienists who support the  
nomination, this form allows for the signatures of 12 dental hygienists, in the event that  
one or two dental hygienists in support of the nomination do not qualify. If you choose,  
you may provide the signatures of only 10 dental hygienists who you believe qualify.  
Note however that if fewer than 10 dental hygienists qualify, this form will be invalid.

**An incomplete form will be returned. A form received after October 11, 2016 will be  
invalid regardless of the date of postmark.**

**Please keep the Board advised of any change in address or telephone number.  
You will receive a confirmation letter from the Board shortly after the Board  
receives this form. Nevertheless, you are strongly urged to contact Murray Sherman  
at 410-402-8530 to confirm the Board's receipt of this form.**

Nominee

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License Number

---

Signature (must be signed by nominee)

**By Signing this Petition Form For State Dental Hygienist Organizations Affiliated With a National Organization I agree to be nominated as a candidate for appointment to the Maryland State Board of Dental Examiners**

---

Print Address on File with the Board

Petitioner - State Dental Hygienist Organization Affiliated with a National Organization

---

Print Name of State Organization

---

Print Address on File with the Board

---

Telephone Number on File with the Board

Contact Person's Name and Telephone Number

(1) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License Number

---

Signature

---

Print Address on File with the Board

(2) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License Number

---

Signature

---

Print Address on File with the Board

(3) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License Number

---

Signature

---

Print Address on File with the Board

(4) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License  
Number

---

Signature

---

Print Address on File with the Board

(5) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License  
Number

---

Signature

---

Print Address on File with the Board

(6) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License  
Number

---

Signature

---

Print Address on File with the Board

(7) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License  
Number

---

Signature

---

Print Address on File with the Board

(8) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License  
Number

---

Signature

---

Print Address on File with the Board

(9) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License  
Number

---

Signature

---

Print Address on File with the Board

(10) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License  
Number

---

Signature

---

Print Address on File with the Board

(11) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License  
Number

---

Signature

---

Print Address on File with the Board

(12) Dental Hygienist In Support of Nomination

---

Print Name as it Appears on Maryland Dental Hygienist License / Provide License  
Number

---

Signature

---

Print Address on File with the Board