

**Nomination Petition Form For State Dental Organizations
Affiliated With A National Organization – 2016/2017
Maryland State Board of Dental Examiners**

To Be Completed by State Dental 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 organization affiliated with a national organization must be properly registered with the Board to nominate a candidate.

State dental organizations affiliated with a national organization should use this form to nominate a dentist 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(c). The nominee must be a member of the organization. The organization must obtain the signatures of 10 dentists who support the nomination.

Although the law requires the signatures of 10 dentists who support the nomination, this form allows for the signatures of 12 dentists, in the event that one or two dentists in support of the nomination do not qualify. If you choose, you may provide the signatures of only 10 dentists who you believe qualify. Note however that if fewer than 10 dentists 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 License / Provide License Number

Signature (must be signed by nominee)

By Signing this Petition Form For State Dental 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 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) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(2) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(3) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(4) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(5) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(6) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(7) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(8) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(9) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(10) Dentist In Support of Nomination

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Signature

Print Address on File with the Board

(11) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

(12) Dentist In Support of Nomination

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

Signature

Print Address on File with the Board

