

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 October 2, 2018**

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 October 2, 2018 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 Murray Sherman, Legal Assistant at 410-402-8530 to confirm receipt of this form.

I. General Information

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Name of State dental hygienist organization affiliated with a national organization

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Address of State dental hygienist organization

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Telephone number of State dental hygienist organization

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Contact person's name and telephone number

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

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Address of national dental hygienist organization

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Telephone number of national dental hygienist organization

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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.

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

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Title (Either President, Executive Director, or Administrator)

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Date