



Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600
Austin, Texas 78701
(512) 463-6400 Fax (512) 649-1658
www.tsbde.texas.gov

AFFIDAVIT FOR PROOF OF CLINICAL PRACTICE

This affidavit MUST NOT be completed by the applicant. Incomplete affidavits or affidavits not notarized cannot be accepted. This affidavit must not be returned to the applicant and must be submitted to the TSBDE at 333 Guadalupe Street Tower 3 Suite 800 Austin, Texas 78701.

I, \_\_\_\_\_, the undersigned, do of my own personal knowledge make the following statements and declare them to be true. That:

- 1. I am a licensed dental professional and my profession is a \_\_\_\_\_.
2. My license number is \_\_\_\_\_ issued by the State of \_\_\_\_\_.
3. I have known \_\_\_\_\_ for the last \_\_\_\_\_ consecutive years or months.
4. (Must not be completed by the applicant) If currently employed by the Federal government, military, or a dental school, one affidavit from the commanding officer or dean will suffice. I am not a relative of the applicant, nor am I a third party observer. In addition, I certify that I resided in the same geographic areas as the applicant at the time the practice was conducted. I have direct and personal knowledge that said applicant has engaged in the clinical practice of dentistry from \_\_\_\_\_ to \_\_\_\_\_ in the role of \_\_\_\_\_.
mm/dd/yyyy mm/dd/yyyy

I have this knowledge of the applicant's clinical practice because:

\_\_\_\_\_

- 5. The following address and telephone number is the most current and valid information for me to be reached for further verification of any information related to this affidavit.

Address City State Zip Code
Phone Number (xxx-xxx-xxxx) Email Address

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me, the said \_\_\_\_\_ appeared on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which witness my hand and seal of office.

Notary Signature

(Seal)