



Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600

Austin, Texas 78701

(737) 363-2320 Fax (512) 649-1658

www.tsbde.texas.gov

AFFIDAVIT FOR PROOF OF PRACTICE

This affidavit must be submitted to the TSBDE at 1801 Congress Avenue, Suite 8.600 Austin, Texas 78701 or via email to licensinghelp@tsbde.texas.gov. All fields must be legible. Be sure to use the proper date format when entering dates of practice.

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 practice of dentistry from _____ to _____ in the role of _____.
mm/dd/yyyy mm/dd/yyyy

I have this knowledge of the applicant's 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)