

TO BE COMPLETED BY DEAN, DEPARTMENT CHAIR, OR PROGRAM DIRECTOR –The information submitted on this document must match information on file with the Commission on Dental Accreditation (CODA). Complete and upload this form to the online renewal application.

I, _____, verify that the above-named applicant holds a:

☐ Part Time

☐ Full Time

Salaried position with the following teaching institution: _____ and is a fit and proper issued faculty license to provide direct patient care with this institution or its adjunct facilities.

Signature of Dean, Department Chair, or Program Director:

Date:

IN ADDITION TO THE FOREGOING:

- A. I hereby give my permission for the Texas State Board Dental Examiners (TSBDE) to secure additional information or documentation concerning me or any of the statements in this application from any person or source the TSBDE may desire.
- B. I further agree to submit to questioning concerning my qualifications as an applicant by the TSBDE, staff, any member or agent thereof, and to substantiate my statements if desired by the TSBDE. I also agree to present all other credentials required or requested by the TSBDE.
- C. I, the applicant herein, state that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information, which might be of value to the Board in determining my qualifications whether it is called for or not. I agree that any falsification, omission, or withholding pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure by the TSBDE and such falsification, omission or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my Texas faulty dental license if not discovered until after issuance.

Signature of Applicant:

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)