

Minnesota Board of Dentistry

EXECUTIVE OFFICE

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Affidavit of Applicant

I, _____, the applicant being first duly sworn, certify that I am the person referred to in all documents that I am submitting, that under penalty of perjury all the information contained in the attached documentation and in any additional document submitted herewith is true and correct and that all persons and organizations, whether public or private, are authorized to release to the Minnesota Board of Dentistry any information, files, or records requested in connection with the documents that I am submitting for consideration for licensure as a foreign-trained dentist.

APPLICANT'S SIGNATURE _____
(Sign before a Notary Public)

Sworn to before me this _____ day of _____, 20 _____

My commission expires _____

Notary Public Signature _____

State of _____) (SEAL)

ss.

County of _____)