

## **Texas State Board of Dental Examiners**

333 Guadalupe, Tower 3, Suite 800 Austin, Texas 78701-3942 (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.

[,, the under declare them to be true. That:	rsigned, do of my own pe	rsonal knowledge mak	ke the following statements and
<ol> <li>I am a licensed dental professional and my profession is a</li></ol>			
5. The following address and telephone r verification of any information related		t and valid information	for me to be reached for further
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 who being by me sworn upon oath says t and correct.		* *	
Sworn and subscribed to before me, the sa day of, 20			
Notary Signature			
			(Seal)

Clinical Affidavit February 1, 2021