PRACTITIONER LICENSING AND INVESTIGATIONS SECTION
DENTAL LICENSE RENEWAL

AFFIDAVIT

I, __________________________________________, being duly sworn, attest that:

1. I am a dentist licensed by the State of Connecticut, Department of Public Health.

2. During the exemption period from ___________________ to ___________________,
   I did not/will not actively engage in the practice of dentistry in the State of Connecticut.

3. I therefore claim an exemption for the above-specified period from the continuing education
   requirements that specify that each licensee actively engaged in the practice of dentistry shall
   complete a minimum of twenty-four (24) credit hours every two (2) years.

4. I understand that should I resume the practice of dentistry in Connecticut, I would be
   required to complete the requirements listed in Section 11 of Public Act 05-213.

5. The above statements are true to the best of my knowledge and belief.

____________________________________  ____________________________________
Date       Signature

____________________________________
Address

____________________________________
City, State, Zip

____________________________________
Connecticut Dental License Number

Subscribed and Sworn before me this
_____, day of ________________, 20____.

____________________________________
Notary Public

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An Equal Opportunity Employer

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