



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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



Phone: (860) 509-7603
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue – MS # 12MQA
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer