



# Oregon

Tina Kotek, Governor

Board of Dentistry  
1500 SW 1<sup>st</sup> Ave, Ste 770  
Portland, OR 97201-5837  
(971) 673-3200

[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

## **AMENDMENT TO APPLICATION**

I, \_\_\_\_\_, submit the following amendment(s), addition(s) and/or deletion(s) to my original application (please note all items below by page number, and clearly indicate which section you are amending):

The following is my explanation for providing inaccurate/incomplete information on my original application:

AFFIDAVIT OF APPLICANT

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STATE \_\_\_\_\_

COUNTY \_\_\_\_\_

I, hereby declare that I am the person described in the attached amendment to application.

I have carefully reviewed the application and the attached amendment to application and have answered all questions completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this amendment, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this amendment to application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my amendment to application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Type name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
Notary Public Signature

(Notary Seal)

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_