

New Hampshire Board of Dental Examiners
STATEMENT OF PROFESSIONAL CHARACTER

I am personally acquainted with _____ and
attest that to the best of my knowledge they are of good professional character and recommend
them for licensure in the State of New Hampshire.

Signature: _____

Address: _____

Printed Name: _____ Occupation: _____

License #: _____, State: _____ Length of time I have known the applicant: _____

Return this completed form to:

Applicants Name: _____

Complete Mailing Address: _____
