

MICHIGAN BOARD OF DENTURITRY
APPLICATION FOR EXAMINATION

DATE-_____/_____/_____

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

EDUCATION: HIGH SCHOOL GRADUATE? YES__ NO__
TECHNICAL SCHOOL ATTENDED_____
DEGREES EARNED_____
TECHNICAL CERTIFICATIONS (CDT) YES__ NO__
SPECIALTIES_____

WORK EXPERIENCE FOR THE PAST FIVE YEARS OR EXPLAIN THE MOST
RECENT FIVE YEARS WORK EXPERIENCE IN THE DENTURE LABORATORY

PLEASE GIVE NAME OF SUPERVISOR_____

CITIZENSHIP (COUNTRY OF RESIDENCY) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES__ NO__

I WILL SUBMIT TO A DRUG TEST? YES__ NO__

I WILL SUBMIT TO A CRIMINAL BACKGROUND CHECK? YES__ NO__

APPLICATION FEE \$200.00 ENCLOSED. CHECK NUMBER_____

PLEASE MAKE CHECK PAYABLE TO MBD

I have answered the above questions truthfully and to the best of my abilities. I understand that any false statements will void this application and I will forfeit my application fee. I am willing to comply with the MBD rules of ethical conduct.

Signature_____ Date__/__/__

Please mail application completed with check to:

MBD
30411 W. 12 Mile Rd
Farmington Hills, MI 48334