



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF PRACTITIONER LICENSING AND CERTIFICATION DENTAL HYGIENE RENEWAL

AFFIDAVIT

I, _____, being duly sworn,
attest that:

1. I am a dental hygienist licensed in the State of Connecticut.
2. During the exemption period from _____ to _____
I did not/will not actively engage in the practice of dental hygiene in the State of Connecticut.
3. I, therefore, claim an exemption for the above-specified period from the Department of Public Health Regulations Section 20-111-2 which specifies that each licensee actively engaged in the practice of dental hygiene must complete a minimum of 16 credit hours during each continuing education monitoring period.
4. I understand that, should I resume the practice of dental hygiene in the State of Connecticut, I would be required to complete the requirements listed in Section 20-111-2 of the Department of Public Health Regulations.
5. The above statements are true to the best of my knowledge and belief.

Date

Signature

Address

City, State, Zip

Connecticut Dental Hygienist License #

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

Notary Public



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