



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
CERTIFICATION BY LICENSEE EMPLOYED BY, OR
CONTRACTING WITH, A FEDERALLY QUALIFIED HEALTH CENTER

MISSOURI DENTAL BOARD
 3605 MISSOURI BOULEVARD
 PO BOX 1367
 JEFFERSON CITY, MO 65102-1367
 TELEPHONE (573) 751-0040
 FAX (573) 751-8216 TTY (800) 735-2966

INSTRUCTIONS: This certification form must be completed and signed by the licensee and notarized by a Notary Public. Each licensee listed on the Application for Registration To Provide Dental Services must complete this form. Only one certification form per licensee please. Completed certification forms must accompany the Completed Application for Registration To Provide Dental Services.

CERTIFICATION

I _____ certify that I am an employee or private contractor
 (NAME OF LICENSEE)

that practices dentistry or dental hygiene for _____ .
 (NAME OF FEDERALLY QUALIFIED HEALTH CENTER)

I further certify to the best of my knowledge that the facility/facilities at which my services are performed complies with the standards for cleanliness and sanitation established for health care professionals and health care facilities of the Center for Disease Control pursuant to Section 191.694, RSMo and the Occupational Safety and Health Administration (OSHA) pursuant to 29 CFR 1910.

AFFIDAVIT

MUST BE SIGNED IN PRESENCE OF NOTARY NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	SIGNATURE OF APPLICANT	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR _____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	