

GEORGIA BOARD OF DENTISTRY
237 Coliseum Drive * Macon, Georgia 31217

(Duplicate form as needed)

TO THE REFERENCE: The person listed below is applying for licensure as a dentist in the State of Georgia. The applicant is required to furnish satisfactory evidence that he/she is qualified to practice professional dentistry. You have been given this form as one who knows the applicant well and can attest to his/her character, ability, reputation, and professional attainments. The statements you provide must be from personal knowledge only. You should answer fully, carefully, and with the utmost frankness. Be assured that the information you furnish is **confidential**. Please return your recommendation directly to the applicant. **RETURN TO APPLICANT IN A SEALED ENVELOPE.**

NAME OF APPLICANT _____

FROM _____
Reference Full Name (Daytime telephone # including area code)

_____ Address

_____ City Zip Code

1. Are you a licensed dentist? ___ Yes ___ No If yes, what state(s)? _____

If no, what is your present profession? _____

2. How long have you known the applicant? ___ Years. Are you related? _____

3. In what capacity have you known him/her _____

4. Do you know anything reflecting adversely on the applicant's integrity or general good character?
___ Yes ___ No **If yes, give details on a separate page.**

5. Do you feel that this applicant is qualified to have responsibility of a dental office? ___ Yes
___ No **If no, give details on a separate page.**

6. Would you feel comfortable going to this person for your dental needs? ___ Yes ___ No
If no, give details on a separate page.

7. What is the applicant's character, reputation, and standing in the community?

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NAME OF APPLICANT _____

REFERENCE NAME _____

Additional Comments _____

The undersigned certifies that the above statements, to the best of his/her knowledge and belief, are correct.

Signature

Title

Date