

**Transfer Verification**

**I, Dr. \_\_\_\_\_, verify that I have read the management contracts or arrangements submitted to the North Carolina Board of Dental Examiners (“Board”), dated \_\_\_\_\_, 20\_\_\_\_, involving me or my practice or professional entity and \_\_\_\_\_. The documents submitted to the Board include:**

**I attest that:**

- (i) I have provided the Board with all required information and attached documentation and that it is accurate and complete;**
- (ii) The terms of the submitted management arrangement remain identical to the written agreement(s) previously reviewed and deemed compliant by the Board, except for the new party or parties, but including no extension of the term of the original agreement;**
- (iii) I have disclosed to the Board currently and with any past submissions all of the management arrangements, contractual arrangements, stipulations, and legally binding instruments, both oral and written, that I or any professional entity or practice I own has, or all persons working in my practice have or I anticipate will have, with \_\_\_\_\_, its affiliates or any related entities; and**
- (iv) The arrangement has been and will continue to be operated consistent with the written agreements submitted to the Board and with the Dental Practice Act and the Management Arrangement Rule.**

**I have performed reasonable diligence to ensure the accuracy of the information I provided in this verification.**

**This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

**By: Dr.**

\_\_\_\_\_

**License No: \_\_\_\_\_**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Personally appeared before me this day, \_\_\_\_\_  
who first being duly sworn, deposed and said that he has read the foregoing  
Verification and knows the contents thereof; that the contents of same are true of  
his own knowledge except as to those matters and things stated therein upon  
information and belief, and as to those he believes them to be true.

Witness my hand and notarial seal, this the \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_.

\_\_\_\_\_  
Notary Public (signature)

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires:

\_\_\_\_\_