

**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 have disclosed to the Board 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. 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)

\_\_\_\_\_  
Print Name of Notary Public

My Commission Expires:

\_\_\_\_\_