

**Dentistry Expert Application**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: City: \_\_\_\_\_ (Florida) Zip Code: \_\_\_\_\_  
Tel: Office: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_  
Best Calling Time(s): \_\_\_\_\_ at \_\_\_\_\_  
Email: \_\_\_\_\_

Florida dental license number: \_\_\_\_\_ Number of years in practice/teaching: \_\_\_\_\_

Graduated of (dental school): \_\_\_\_\_

Please check one of the following: General Dentist ( ) Specialist ( )

Specialty certificate in: \_\_\_\_\_

Specialty certificate received from: \_\_\_\_\_

What do you believe most qualifies you to serve as a dental expert for the Florida Department of Health?

Why are you interested in serving as a dental expert for the Florida Department of Health?

Could you briefly describe the specific clinical procedures that you perform in your clinical practice and/or teaching that best qualifies you to serve as a dental expert?

~ Please include a copy of your resume and/or curriculum vitae along with this application ~

**Mail this application to the address below:**

**Irene Lake, Regulatory Supervisor  
Department of Health – Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399**

**Call (850) 245-4640, ext. 8212 with any questions.**

*All applications must be reviewed & approved by the Probable Cause Panel of the Florida Board of Dentistry.*