

STATE OF LOUISIANA

PARISH OF _____

AFFIDAVIT (Please note that this must be signed in front of a notary)

BEFORE ME, the undersigned authority, personally came and appeared:

Name of Dentist: _____

who, after being duly sworn, did depose and say that:

1. I am a person of the full age of majority and a resident of the state of Louisiana.
2. I currently hold a license to practice dentistry in the state of Louisiana.
3. My license to practice dentistry in the state of Louisiana is due to be renewed at the end of the year 20_____.
4. In the two year period preceding the above renewal date, I have not prescribed, dispensed or administered any controlled dangerous substances, including but not limited to narcotics and/or opioids, and I do not intend to prescribe any in the future.
5. Because I have not prescribed, dispensed or administered any controlled dangerous substances, including but not limited to narcotics and/or opioids in the two year period preceding the above renewal date, and I do not intend to prescribe any in the future, I am exempt from having to take the 3 hour continuing education requirement set forth in La. R.S. 40:978.3.
6. If I decide in the future to start prescribing, dispensing or administering controlled substances in the future, I will inform the Louisiana State Board of Dentistry prior to doing so and will take the 3 hours of opioid prescribing continuing education required by La. R.S. 40:978.3
7. The above and foregoing is true and correct and based upon my personal knowledge.

Signature of Dentist

Sworn to and subscribed before
me this ___ day of _____,
20_____.

Notary Public