

# Nevada State Board of Dental Examiners

William G. Pappas, D.D.S.  
President



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## TESTIMONIAL OF MORAL CHARACTER

Testimonials of moral character from two (2) licensed dentists or dental hygienists (no family members) are required for each applicant for licensure. Testimonials may be submitted either on the following form or in a separate letter to the Board containing the information as listed below:

THIS CERTIFIES, that I have been personally acquainted with \_\_\_\_\_  
for \_\_\_\_\_ years, that I know him/her to be of good moral character and hereby recommend  
\_\_\_\_\_ to the Nevada State Board of Dental Examiners as entirely worthy  
of examination for a license to practice dentistry/dental hygiene in the State of Nevada pursuant to law.

Signature \_\_\_\_\_

Name (please print): \_\_\_\_\_ Telephone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduated From: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed in the State of: \_\_\_\_\_ License number: \_\_\_\_\_