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Restricted Dental Faculty License Application Packet

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

Need Additional Information?

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approved programs and **More!**

WWW.OP.NYSED.GOV



January 2009

THE UNIVERSITY OF THE STATE OF NEW YORK

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FOR FUTURE REFERENCE

IN THE EVENT OF AN EMERGENCY that impacts the licensed professions, the Office of the Professions will provide important information, specific to the situation, through our **Web site** (www.op.nysed.gov), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).

Ways to reach us...



⇒ General Customer Service

The Office of the Professions has an automated customer service system that allows callers to **verify licenses, request information, and hear automated messages 24 hours a day.** The number is 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at op4info@mail.nysed.gov.

⇒ On The World Wide Web

Information about the Office of the Professions and the 48 licensed professions, including information on all licensees, is available on our home page at:

www.op.nysed.gov

⇒ License Application Status

Find out the **status of your license application** by checking our Web site where your name is added immediately when a license number is issued, or contact:

NYS Education Department, Office of the Professions, Division of Professional Licensing Services
Dentistry Unit, 89 Washington Avenue, Albany, NY 12234-1000
PHONE: 518-474-3817 ext. 270 FAX: 518-402-5354 E-MAIL: opunit3@mail.nysed.gov
Please include your name, social security number, date of birth, and the name of the profession.

⇒ Verification of Education Credentials From Foreign or Non-Approved Programs

If you have questions about documentation required to verify education completed outside the U.S. or in non-approved programs, contact:

New York State Education Department, Office of the Professions, **Bureau of Comparative Education**
89 Washington Avenue, Albany, New York 12234-1000
PHONE: 518-474-3817 ext. 300 FAX 518-486-2966 E-MAIL comped@mail.nysed.gov

⇒ Practice Issues

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions, **State Board for Dentistry**
89 Washington Avenue, Albany, NY 12234-1000
PHONE: 518-474-3817 ext. 550 FAX: 518-473-6995 E-MAIL: dentbd@mail.nysed.gov

GENERAL LICENSING INFORMATION

Please read this general licensing information for all professions before proceeding to the detailed instructions for your profession.

INTRODUCTION

In general, your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. Certain restrictions may apply in cases of restricted and/or limited licenses. Please refer to the specific statutory and regulatory provisions applicable to your profession.

LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at www.op.nysed.gov or by calling our telephone verification service at 518-474-3817. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send you a renewal application to the name and address we have on file (see the "Address or Name Changes" section on next page), at least four months before your registration expires.

VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement directly from the organization where you met the requirement (e.g., school, testing agency, licensing authority, hospital, employer, etc.). These records and documents must bear an original (not photocopied) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. **You are responsible for asking organizations and individuals to complete and directly submit to us the documentation you need.** Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

NOTE: Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.

ADDRESS OR NAME CHANGES

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

For address changes you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 270
TDD/TTY 518-473-1426

Fax: 518-402-5354

E-mail: opunit3@mail.nysed.gov

For name changes a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions
Division of Professional Licensing Services
Dentistry Unit
89 Washington Avenue
Albany, NY 12234-1000

NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license. You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at www.op.nysed.gov/anchange.pdf to notify the Department of a change in your address or name.

PROFESSIONAL CONDUCT

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession.

Title 8 of the NYS Education Law is available on our Web site at www.op.nysed.gov/title8.htm

Relevant sections of Part 29 of the Rules of the Board of Regents is available on our Web site at www.op.nysed.gov/part29.htm.

RECORDS RETENTION AND DISPOSITION STATEMENT

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

DISCLOSURE OF SOCIAL SECURITY NUMBERS

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

For additional information see: www.oft.state.ny.us/arcpolicy/policy/tp_974.htm

APPLYING FOR A RESTRICTED DENTAL FACULTY LICENSE

GENERAL REQUIREMENTS

The Department may issue a restricted dental faculty license to a full-time faculty member employed at an approved New York State school of dentistry. A restricted dental faculty license authorizes the holder to practice dentistry, as defined in article 133 of New York's Education Law, **but** such practice of dentistry must be limited to the school's facilities or the school's clinics, or facilities or clinics with relationships to the school confirmed by formal affiliation agreements. A restricted dental faculty license **does not** authorize the holder to engage in the private practice of dentistry at any other site.

To receive a restricted dental faculty license in New York State you must:

- be of good moral character;
- be at least 18 years of age;
- meet educational requirements;
- meet experience requirements; and
- be a United States citizen or an alien lawfully admitted for permanent residence in the United States*.

*The Department may grant a three year waiver for an alien who otherwise meets all other requirements for a restricted dental faculty license and may grant an additional extension not to exceed six years to an alien to enable him or her to secure citizenship or permanent resident status, provided such status is being actively pursued. Limited licenses will be issued to individuals licensed under the citizenship waiver. See Limited License and Extension section on page 7 for further information.

You must file an Application for Licensure (Form 1) and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.**

The specific requirements for licensure are contained in Title 8, Article 133, section 6604-b of New York's Education Law. The Law and Regulations are available on our Web site at www.op.nysed.gov/dent.htm.

FEES (fees listed are those in effect at the time this application was printed)

The fee for a restricted dental faculty license and first registration is \$600.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. **Your cancelled check is your receipt.**
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the Application for Licensure (Form 1).**

PLEASE NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Dentistry Unit by e-mailing opunit3@mail.nysed.gov or by calling 518-474-3817 ext. 270 or by faxing 518-402-5354.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure and registration fees and meet the licensure requirements in place at the time you reapply.

EDUCATION REQUIREMENTS

To meet the education requirements for a restricted dental faculty license, you must provide evidence of the completion of at least six academic years of pre-professional and professional education which includes but is not limited to:

1. courses in general chemistry, organic chemistry, biology or zoology and physics; and
2. at least four academic years of professional dental education satisfactory to the Department culminating in a degree, diploma or certificate in dentistry recognized by the appropriate civil authorities of the jurisdiction in which the school is located as acceptable for entry into practice in the jurisdiction in which the school is located.

The Department must receive certification of your education directly from the school(s) that you attended using the Certification of Professional Education (Form 2).

In addition to the pre-professional and professional education requirement, every applicant for restricted dental faculty licensure must complete coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law. You must submit a certificate of completion from an approved provider or file a certification of exemption before a New York State license can be issued. Additional information and a list of approved providers are available on our Web site at www.op.nysed.gov/camemo.htm or by calling 518-474-3817 ext. 570. You may be eligible for exemption from the training if you can document, to the satisfaction of the Department, that your practice does not involve professional contact with persons under the age of 18 and that you do not have contact with persons 18 or older with a handicapping condition who reside in a residential care school or facility. An exemption form (Form 1CE) is included in this application packet.

You must also complete approved coursework or training appropriate to your practice regarding infection control and barrier precautions in accordance with Section 6505-b of the Education Law, including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis b virus (HBV) in the course of professional practice. Graduates from New York State dentistry programs after September 1, 1993 are credited with having completed this coursework as part of their dentistry program. All other applicants must submit an attestation of compliance with or exemption from the infection control coursework requirement (Form IIC) within 90 days of your date of licensure. Additional information, a list of approved providers and Form IIC are available on our Web site at www.op.nysed.gov/icmemo.htm or by calling 518-474-3817 ext. 570.

EXPERIENCE REQUIREMENTS

To meet the experience requirements for a restricted dental faculty license, you must:

- A.** provide evidence that, within the last five years, you have at least two years of satisfactory practice as a dentist. The Department must receive verification of your experience directly from a dentist licensed and in good standing using the Affidavit of Professional Practice (Form 4).

OR

- B.** provide evidence that you have satisfactorily completed an advanced education program in general dentistry or in a dental specialty, provided such program is accredited by an organization accepted by the Department as a reliable authority for the purpose of accrediting such programs (such as the Commission on Dental Accreditation). The Department must receive verification from the institutions(s) where you completed the program using the Certification of Completion of Advanced Education Program (Form 4A).

EMPLOYMENT REQUIREMENT

To qualify for a restricted dental faculty license, you must be employed as a full-time faculty member (devoting at least four full working days per week in teaching or patient care, research or administrative duties) at the dental school where you are going to practice dentistry.

Along with your initial application, and yearly thereafter, the Department must receive notification from the Dean of the dental school that you are employed full time at the dental school using a Verification of Full-Time Employment (Form 4B).

If you cease to be employed as a full-time faculty member at an approved New York State school of dentistry, your license/registration will no longer be valid.

Both you and the Dean of the school where you are employed must notify the Department within thirty days if you are terminated from full-time employment.

LIMITED LICENSE AND EXTENSION

If you are licensed under the citizenship waiver, you will be issued a three-year limited restricted dental faculty license only. Prior to the expiration date of that license, you may apply for a six-year extension if you are actively pursuing permanent resident status.

To apply for the six-year extension, you must submit the following materials along with the appropriate fees to the New York State Education Department's Office of the Professions at the address at the end of the form.

- the Application for Licensure (Form 1) - mark the box to indicate you applying for an extension;
 - the Verification of Employment (Form 4B); and
 - evidence that you are actively pursuing permanent resident status.
-

COMPLETING THE APPLICATION FORMS

for a Restricted Dental Faculty License

INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms.

FORM 1 - APPLICATION FOR LICENSURE

All applicants for licensure must complete this form and submit it with the \$600 licensure and first registration fee directly to the Office of the Professions at the address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.**

You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Your signature on Form 1 must be notarized by a Notary Public.**

FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

This form must be submitted directly by the educational institution(s) you attended. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to your school. Be sure to sign and date item 9.

Section II: The Registrar must complete this section and return both pages of the form in an official school envelope with requested documents directly to the Office of the Professions at the address at the end of the form.

A transcript of all courses taken at the dental school and grades received must be attached for all **graduates of non-registered or non-accredited programs**. Additionally, the school must attach a transcript of all courses convalidated or accepted for transfer credit and the basis on which these subjects were convalidated, including the name of the institution from which credit was transferred. When studies were completed at more than one school, official records need to be sent to the Department from each school. Please photocopy the form as needed.

FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

Complete this form if you hold, or ever held, a license or certificate to practice any profession* in any jurisdiction.

This form must be submitted directly by the licensing/certifying authority. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to the licensing/certifying authority of each jurisdiction in which you are or have been licensed/certified. Be sure to sign and date item 8.

Section II: The licensing/certifying authority must complete this section, sign, date and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

NOTE: A Form 3 is not required for licenses/certificates issued by the New York State Education Department.

*Profession is defined as professional titles licensed under New York State Education Law. (See page 2 of the Address/Name Change Form at the end of this packet for a list of those titles.)

FORM 4 - AFFIDAVIT OF PROFESSIONAL PRACTICE

This form must be submitted directly by the endorsing dentist. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to a dentist licensed and in good standing in the jurisdiction in which you practiced. Be sure to sign and date item 6.

Section II: A dentist licensed and in good standing in the jurisdiction in which you practiced must complete the form and submit it directly to the Office of the Professions at the address at the end of the form.

You may need to have more than one affidavit submitted for comprehensive certification of the required two years of professional practice within the last five years. Please photocopy the form as needed.

FORM 4A - CERTIFICATION OF COMPLETION OF ADVANCED EDUCATION PROGRAM

This form must be submitted directly to the Office of the Professions by the director of an advanced education program in general dentistry or in a dental specialty, provided such program is accredited by an organization accepted by the Department. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to the program director of the advanced education program you completed. Be sure to sign and date item 6.

Section II: The program director of the advanced education program you completed must complete this section and return both pages of the form directly to the Office of the Professions at the address located at the bottom of the form.

FORM 4B - VERIFICATION OF FULL-TIME EMPLOYMENT

This form must be submitted directly by the Dean of the school where you are employed as a full-time faculty member. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before giving the entire form to your Dean. Be sure to sign and date item 6.

Section II: The Dean of the school where you are employed as a full-time faculty member must complete this section and return both pages of the form directly to the Office of the Professions at the address located at the end of the form.

NOTE: This form is required for initial licensure and, once you are licensed, must be submitted yearly.

Completing Additional Forms

FORM 1CE - CHILD ABUSE CERTIFICATION OF EXEMPTION FORM

This form is not for all applicants. Use this form only if you are applying for an exemption to the requirement to complete training or coursework in the identification and reporting of child abuse because your practice does not involve professional contact with persons under the age of 18 and persons 18 or older with a handicapping condition who reside in a residential care school or facility.

FORM AD/NAME - ADDRESS/NAME CHANGE FORM

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.

RESTRICTED DENTAL FACULTY LICENSE

APPLICANT CHECKLIST

*Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. **You should keep a copy of all application forms submitted.***

CHECK (✓) AND DATE EACH STEP WHEN COMPLETED.

_____ 1. Have you completed and sent the following to the Office of the Professions?

_____ A. FORM 1 - APPLICATION FOR LICENSURE

_____ B. FEE (\$600) - FOR LICENSURE AND FIRST REGISTRATION

_____ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or agencies? Keep copies of the requests so that you may check with them to be sure they have submitted the information.

_____ A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

Sent to the following educational institutions:

Date sent

_____ B. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION -

All applicants licensed in another jurisdiction must complete and forward this form to the appropriate licensing authority for submission to the Department.

Sent to the following licensing/certifying authorities:

Date sent

_____ C. FORM 4 - AFFIDAVIT OF PROFESSIONAL PRACTICE

Sent to:

Date sent

_____ C. FORM 4A - CERTIFICATION OF COMPLETION OF ADVANCED EDUCATION PROGRAM

Sent to the following institution:

Date sent

_____ D. FORM 4B - VERIFICATION OF FULL-TIME EMPLOYMENT

Sent to the Dean of the school where you are employed as a full-time faculty member:

Date sent

TO SPEED PROCESSING OF YOUR APPLICATION:

- **Submit your application for a New York State restricted dental faculty license in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.**
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.

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Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

Name of High School/Secondary School or GED Diploma issuer: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____ or Date GED issued: _____ / _____ / _____
mo. day yr. mo. day yr.

Undergraduate College Study

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Title of degree (in the original language): _____

Date degree awarded: _____ / _____ / _____
mo. day yr.

Graduate Study

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Title of degree (in the original language): _____

Date degree awarded: _____ / _____ / _____
mo. day yr.

15

Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? Yes No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

*Profession is defined as professional titles licensed under New York State Education Law.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

16 Student Loan Disclosure

The State Education Department is required* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. Your license application is not complete without this information.

- A) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation? Yes No
- B) If you have such a loan(s), is any part in default? Yes No

*New York State Education Law, Section 6501-a

17 Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or drivers licenses. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

- A. I am not under an obligation to pay child support
OR
- B. I am under an obligation to pay child support and (please check only one of the following)
 - I am current and am not four months or more in arrears in the payment of child support; or,
 - I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
 - The child support obligation is the subject of a pending court proceeding; or,
 - I am receiving public assistance or supplemental security income; or,
 - None of the above four statements apply.

* New York State General Obligations Law, section 3-503.

18 Citizenship/Immigration Status:

Federal Law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.)
Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
- I. I do not reside in the United States.

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): _____

USCIS number

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

19 Child Abuse Recognition And Reporting Course (check one):

- I graduated from a dentistry program registered by the New York State Education Department after September 1, 1990.
- I am submitting evidence of completion of the NYS-approved two-hour course in Child Abuse Recognition and Reporting.
- I am filing a Certification of Exemption (Form 1CE) from this requirement.

20 Gender And Ethnicity: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender: Male Female
Ethnicity: White (not Hispanic) Black (not Hispanic) Asian Hispanic Native American

21 Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes No Please initial: _____

22 Photograph Requirement:

DO NOT STAPLE

**ATTACH SECURELY IN
THIS SPACE A 2" X 2"
PASSPORT STYLE
PHOTOGRAPH TAKEN
WITHIN THE PAST YEAR**

Date of photo: _____

23 Affidavit With Acknowledgment (Notarization required.)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department

Section II: Verification of Licensure/Certification: (Please print or type)

Instructions to the Licensing/Certifying Authority: Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1 Name of applicant: _____
(Section I, item 6)

2 Professional title on license/certificate: _____
License/certificate number: _____ Date of licensure/certification: _____ / _____ / _____
mo. day yr.

3 If the applicant was licensed/certified as a dentist in your jurisdiction, was he/she licensed/certified without passing the National Board examinations? Yes No
If **yes**, please explain: _____

4 A. Has the applicant identified in Section I been subject to any disciplinary action? Yes No
B. Are any charges pending against this individual? Yes No
If the answer to either of these questions is "yes," please attach a complete explanation with any supporting documentation.

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named above. I further certify that, except as noted in item 4 above or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

Title: _____

Licensing/certifying authority: _____ (SEAL)

Address: _____

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____

E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Dentistry Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Section II: Affidavit of Professional Practice

Instructions: A dentist, licensed and in good standing in the jurisdiction where the applicant practiced must complete this Section, and sign and date the affirmation before sending the entire form to the Office of the Professions at the address at the end of the form. This form will not accepted if submitted by the applicant.

Name of applicant: _____
(Section I, item 3)

I know the applicant to be of good moral character, and recommend him/her to the State Board for Dentistry and the Department as entirely worthy to be licensed to practice dentistry in the State of New York. Yes No

I have been personally acquainted with the applicant for _____ years.

I have first-hand knowledge that said applicant has practiced as follows (attach additional sheets if necessary):

Dates		Practice Location
From Month/Year	To Month/Year	

Affirmation

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print Name: _____

Jurisdiction where I am a licensed dentist in good standing:

License number: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Board of Dentistry, 89 Washington Avenue, Albany, NY 12234-1000.

Section II: Certification of Completion of Advanced Education Program

Instructions to program director: Complete this section and return both pages of this form to the Office of the Professions at the address at the end of the form. Be sure to sign and date the affirmation below. This form will not be accepted if submitted by the applicant.

Name of applicant: _____
(Section I, item 3)

Type of program:

advanced education in general dentistry

advanced education in a dental specialty. Specialty: _____

Date the applicant entered the program: ____ / ____ / ____
mo. day yr.

Date the program was completed: ____ / ____ / ____
mo. day yr.

Affirmation

I declare and affirm that I am the program director and the statements made on this form are true, complete and correct.

Signature of Program Director: _____ Date: ____ / ____ / ____
mo. day yr.

Print name: _____

Institution: _____

Address: _____

(SEAL)

Telephone: _____ Fax: _____

E-mail: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Board of Dentistry, 89 Washington Avenue, Albany, NY 12234-1000.

Section II: Verification of Full-time Employment

Instruction to Dean: Complete this section, be sure to sign and date the Attestation below and mail the entire form to the Office of the Professions at the address at the end of the form. This form will not be accepted if returned by the applicant.

Both you and the applicant must notify the Department in within thirty days if the applicant is terminated from full-time employment.

This form must be submitted yearly.

1. Name of applicant: _____
(Section I, item 3)

2. Full-time employment means the holder of such restricted dental faculty license devotes at least four full working days per week in teaching or patient care, research or administrative duties at the dental school where employed.

Is the applicant named above employed full time? Yes No

Date which applicant began employment: _____ / _____ / _____
mo. day yr.

Attestation

I hereby attest that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form.

Signature of Dean: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

School: _____

Address: _____

(SEAL)

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____

E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Board of Dentistry, 89 Washington Avenue, Albany, NY 12234-1000.

CERTIFICATION OF EXEMPTION

IDENTIFICATION AND REPORTING CHILD ABUSE and MALTREATMENT TRAINING

Applicants for licensure and licensees applying for re-registration as **physicians, chiropractors, dentists, registered nurses, podiatrists, optometrists, psychologists, dental hygienists, licensed master social workers, licensed clinical social workers, creative arts therapists, marriage and family therapists, mental health counselors, and psychoanalysts** must complete two hours of Department approved coursework or training in the identification and reporting of child abuse and maltreatment. A limited exemption from this requirement is available if the nature of the applicant's/licensee's practice excludes contact with children. Any licensee who asks for an exemption must notify the Department in writing, within 30 days, when the nature of the practice changes and an exemption is no longer valid.

APPLICANT INSTRUCTIONS

1. If you are certain that you qualify for an exemption, complete items 1-6 by printing clearly in ink in the spaces provided. Be sure to sign and date Item 7
2. Send the completed form to the address shown above to the attention of the unit for your profession (for example: Attention Medicine Unit). See item 6 for listing.

Properly completed forms will be accepted. You will only receive notice from the Department if a request is insufficient to grant an exemption. Please retain a photocopy of this Certification of Exemption.

1 Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)

5 N.Y.S. License Number
(If applicable)

2 Birth Date Month Day Year

3 Print Your Name Exactly As It Appears On Your Licensure Application Or Registration

Last

First

Middle

6 Profession (check one)

- Medicine
- Chiropractic
- Dentistry
- Dental Hygiene
- Registered Nurse
- Podiatry
- Optometry
- Psychology
- Licensed Master Social Worker
- Licensed Clinical Social Worker
- Creative Arts Therapist
- Marriage and Family Therapist
- Mental Health Counselor
- Psychoanalyst

4 Mailing Address (You must notify the Department promptly of any address or name changes.)

Line 1

Line 2

Line 3

City

State Zip Code

Country/Province

7 ATTESTATION

59.12 (b) The department may exempt an applicant or licensee from the coursework or training requirement of subdivision (a) of this section upon receipt of a written application for such exemption establishing that there would be no need to complete the coursework or training because the nature of the applicant's/licensee's practice excludes contact with children. It is the professional responsibility of the licensee who holds an exemption to notify the department in writing, within 30 days, when the nature of the practice changes to the extent that the basis for exemption ceases to exist.

I, the undersigned, have read regulation 59.12(b) above and the explanation on this form. I understand the terms and conditions contained therein, and hereby declare that the nature of my practice is such that I do not treat or otherwise have professional contact either with children under the age of 18 years or persons 18 years of age and older with a handicapping condition who reside in a residential care school or facility. Therefore, I claim an exemption from the required training in child abuse and maltreatment identification and reporting pursuant to Section 59.12, Regulations of the Commissioner.

I also understand that should the nature of my practice change to the extent that the basis for the exemption ceases to exist, I am obligated to notify the department in writing and complete the required training within 30 days.

I further understand that a false statement on this document may be cause for denial or loss of licensure and may result in criminal prosecution.

 Applicant signature _____ Date

ADDRESS/NAME CHANGE FORM

INSTRUCTIONS

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only,** you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by E-mail: oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, IV and V. **Name changes** require an original notarized signature in your new name and cannot be accepted prior to your official change of name. Sign the Section IV affidavit and have your signature notarized by a notary public. Currently registered licensed professionals will be sent a new registration certificate.
- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

NOTE: Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

Section I: Your General Information

1. Name (currently on record): _____

2. Social Security Number: Birth Date: Month Day Year

Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____
 E-mail: _____ Fax: _____ - _____ - _____

3. Are you reporting an address and/or name change? address change name change both

4. Effective date of change: _____ / _____ / _____ **(Note: Changes cannot be accepted until after the effective date.)**

5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of: _____

I am currently licensed in New York State in the profession(s) of: _____ (see list of professions on page 2)

_____ New York State license number:

_____ New York State license number:

_____ New York State license number:

_____ New York State license number:

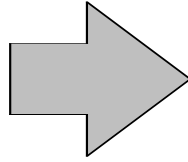
Section II: Address Change (please print)

Information <u>C</u> urrently On Record	➔	New Information
Apt./Bldg. _____		Apt./Bldg. _____
Street _____		Street _____
City _____		City _____
State _____		State _____
Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Province or Country (if not U.S.) _____		Province or Country (if not U.S.) _____

Section III: Name Change (please print) If you are reporting a name change, please sign using your **NEW** name in Section IV. Your new signature must be notarized for any name changes. **If you are currently registered you will receive a new registration certificate.**

Information Currently On Record

Last Name _____
 First Name _____
 Middle or Initial _____



New Information

Last Name _____
 First Name _____
 Middle or Initial _____

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment.

Section IV: Affidavit

I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature _____

Date _____

Section V: For Name Changes Only: Notary Certification And Identification

State of _____ County of _____ On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
 Month Day Year

Notary Stamp

Professional Titles Licensed Under Education Law

(See item #5 on page 1 of the form.)

Acupuncturist
 Architect
 Athletic Trainer
 Audiologist
 Certified Clinical Laboratory Technician
 Certified Dental Assistant
 Certified Histological Technician
 Certified Public Accountant
 Certified Shorthand Reporter
 Chiropractor
 Clinical Laboratory Technologist
 Creative Arts Therapist
 Cytotechnologist
 Dental Hygienist
 Dentist
 Dietitian/Nutritionist
 Interior Designer

Landscape Architect
 Land Surveyor
 Licensed Clinical Social Worker
 Licensed Master Social Worker
 Licensed Practical Nurse
 Marriage and Family Therapist
 Massage Therapist
 Medical Physicist
 Mental Health Counselor
 Midwife
 Nurse Practitioner
 Occupational Therapist
 Occupational Therapy Assistant
 Ophthalmic Dispenser
 Optometrist
 Pharmacist
 Physical Therapist

Physical Therapist Assistant
 Physician
 Podiatrist
 Professional Engineer
 Psychoanalyst
 Psychologist
 Public Accountant
 Registered Physician Assistant
 Registered Professional Nurse
 Registered Specialist Assistant
 Respiratory Therapist
 Respiratory Therapy Technician
 Speech-Language Pathologist
 Veterinarian
 Veterinary Technician

New Applicants
mail to → New York State Education Department, Office of the Professions, Division of Professional Licensing Services, (insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Licensees
mail to → New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**The State Education Department
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000**