



## Affidavit: Business Name Professional Practice Entity (PPE)

I, \_\_\_\_\_, do hereby attest to the following:  
*Your Name*

1. I am a licensed professional in the area of \_\_\_\_\_,  
*Name of Profession*

2. My (check one)  license,  registration or  certification number is \_\_\_\_\_ and date of licensure,  
*License/Registration/Certification Number*  
registration or certification is \_\_\_\_\_,  
*Date of License/Registration/Certification Number*

3. My date of birth is \_\_\_\_\_, and my residence address is \_\_\_\_\_,  
*Date of Birth*  
*Residence Address*

4. I am an (check one)  owner or  shareholder authorized to make the following disclosures on behalf of:  
\_\_\_\_\_  
*Name of Professional Practice Entity (PPE)*

5. I understand that the NYS Education Department's Office of the Professions implements state laws restricting the corporate practice of the professions and prohibiting any professional entity from fee splitting, profit sharing, or holding themselves out as being connected to or associated with individuals or business and/or professional practice entities not licensed under Title VIII of the Education Law, unless statutorily authorized.

6. I certify that \_\_\_\_\_,  
*Name of Professional Practice Entity (PPE)*

**Please complete one of the following** (check which box applies and provide required information, please note partial or incomplete forms cannot be processed, will be returned and may delay processing times):

- A.  has **NO** relationship, ownership interest, affiliation or association with any other business and/or professional practice entity, in accordance with 8 NYCRR Part 29.1. The PPE is not affiliated with nor has the name been chosen to suggest a relationship, ownership interest, affiliation or association with any other business and/or professional practice entity and the PPE has no connection with any other business and/or professional practice entity.
- B.  has a relationship, ownership interest, affiliation or association with another business and/or professional practice entity. I attest that any relationship, ownership interest, affiliation and/or association is fully compliant with all applicable rules and regulations governing Title VIII of the Education Law and the New York Business Corporation Law. If selecting this box, please provide the name of the affiliated/associated entity and state the nature of the relationship.

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

\_\_\_\_\_  
Signature of Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

Notary Stamp

\_\_\_\_\_  
Notary ID number

\_\_\_\_\_  
Expiration Date

**Mail this Affidavit to: New York State Education Department, Office of the Professions, Professional Corporations Unit, 89 Washington Avenue, Albany, NY 12234.**