

CITIZENSHIP/IMMIGRATION STATUS:

To be licensed to practice dentistry or dental hygiene under New York law, dentists or dental hygienists must be United States citizens or be aliens lawfully admitted for permanent residence in the United States. The law allows the Board of Regents to waive the requirements for 3 years for a dentist or dental hygienist agreeing to practice in a designated shortage area. The waiver can be extended by the Board of Regents for a dentist or dental hygienist pursuing permanent resident status. The extension can be no more than 6 years. To comply with Federal law, complete this section and check the appropriate box below which indicates your citizenship/immigration status.

I AM: (Check one box)

- 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 a 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 and expiration date or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
_____ Expiration date: ____ / ____ / ____

If you checked A or B you are not eligible for a limited license.

If you checked any of the boxes from C – H, enter your alien registration number or control number issued by the Immigration and Naturalization Service: _____
INS number

DIRECT QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW TO THE IMMIGRATION AND NATURALIZATION SERVICE (INS) AT: 1-800-375-5283.

CHILD SUPPORT OBLIGATION:

Every applicant for a professional license, permit, or registration, or any renewal thereof, is required* to file a written statement that, as of the date of the filing, he or she 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 pursuant to 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 under an obligation to pay child support but are not in compliance with the General Obligations Law can be issued a credential for no more than six months to discharge child support obligations consistent with that law.

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

17 If you are applying for an extension, enter your current three-year limited license number:

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18 **PHOTOGRAPH REQUIREMENT:**

<p>DO NOT STAPLE</p> <p>ATTACH SECURELY IN THIS SPACE A 2" X 2" PASSPORT STYLE PHOTOGRAPH TAKEN WITHIN THE PAST YEAR</p>
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Date of photo: _____

19 **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: _____

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, Fee Section, Division of Professional Licensing Services, 89 Washington Avenue, Albany, NY 12234-1000. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.