

15 Please check and/or complete only one of the following:

Applying for licensure based on exam by North East Regional Board Examinations (NERB): Graduates of accredited schools only:

List all dates you have taken the NERB Examination: _____

List all dates you have taken the National Board Dental Hygiene Examination: _____

Applying for Licensure by endorsement by: State Exam State: _____

or

Regional Exam Region: _____

16 In the spaces below, give an accurate record of your educational preparation. **Be sure to complete items A-D for each school.** Please print. Attach additional sheets if necessary.

A. NAME OF SCHOOLS ATTENDED AND LOCATIONS	B. NUMBER OF YEARS ATTENDED	C. ATTENDANCE		D. TITLE OF DIPLOMA OR DEGREE OBTAINED
		Entrance Date	Leaving Date	
<p>High School/ Secondary School</p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p>School Name _____</p> <p>City _____ State/Country _____</p>	B	<p>____/____/____</p> <p>mo yr</p>	<p>____/____/____</p> <p>mo yr</p>	D
<p>School Name _____</p> <p>City _____ State/Country _____</p>		<p>____/____/____</p> <p>mo yr</p>	<p>____/____/____</p> <p>mo yr</p>	
<p>Professional School</p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p>School Name _____</p> <p>City _____ State/Country _____</p>	B	<p>____/____/____</p> <p>mo yr</p>	<p>____/____/____</p> <p>mo yr</p>	D
<p>School Name _____</p> <p>City _____ State/Country _____</p>		<p>____/____/____</p> <p>mo yr</p>	<p>____/____/____</p> <p>mo yr</p>	
<p>School Name _____</p> <p>City _____ State/Country _____</p>		<p>____/____/____</p> <p>mo yr</p>	<p>____/____/____</p> <p>mo yr</p>	

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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

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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 or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** 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

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CHILD ABUSE IDENTIFICATION AND REPORTING: (check only one of the following.)

- I completed a dental hygiene program registered by the New York State Education Department after September 1, 1990.
- I am submitting evidence of completion of the New York State approved two-hour course in Child Abuse Recognition and Reporting.
- I am filing a certificate of exemption from this requirement. (See instructions and complete Form 1CE.)

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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

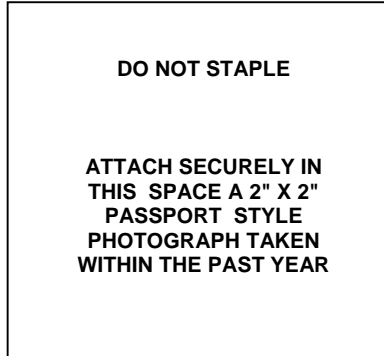
ETHNICITY: White (not Hispanic) Black (not Hispanic) Asian Hispanic Native American

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:



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: _____

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 _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

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.