



**Section II: Supervisor's Certification**

**Instructions to the Supervisor:** By completing Section II, you are certifying that the applicant will be under your direct personal supervision and that you are licensed and currently registered to practice dentistry in New York State. The applicant may not begin practice until the limited permit has been issued.

Section 6608 of the Education Law defines direct personal supervision as "supervision of dental procedures based on instructions given by a licensed dentist in the course of a procedure who remains in the dental office where the supportive services are being performed, personally diagnoses the condition to be treated, personally authorizes the procedures, and before dismissal of the patient, who remains the responsibility of the licensed dentist, evaluates the services performed by the dental assistant."

Applicant's name: \_\_\_\_\_  
*(Section I, item 4)*

Supervisor's name: \_\_\_\_\_

New York State license number \_\_\_\_\_

**Certification**

I certify that I am the supervisor of the applicant and that I will abide by the requirements of direct personal supervision described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print name: \_\_\_\_\_

Name of Office: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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