

# Certified Dental Assisting Form 5

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
Division of Professional Licensing Services  
www.op.nysed.gov

## Department Use Only

### Application for Limited Permit

1. A limited permit authorizes an individual to practice certified dental assisting under the direct personal supervision of an licensed dentist. Complete Section I. It is your responsibility to ensure that the supervisor fully completes Section II.
2. You may apply for a limited permit either at the same time as or after submitting an application for a license as a certified dental assistant in New York State. If you have not yet filed an Application for Licensure (Form 1), and the \$103 fee for licensure and first registration, you must submit them with this form and the \$40 limited permit fee. Additionally, evidence of satisfactory education using the Certification of Professional Education (Form 2) must be submitted by your educational institution. Permits cannot be issued until all required documentation has been received and approved.
3. Submit this application and the \$40 fee to the Office of the Professions at the address at the end of this form.
4. The limited permit is valid for a period of one year from the date issued. The permit may be renewed for one additional year at the discretion of the Department. To apply for a renewal you must submit a new application for a limited permit and a fee of \$40. You may not begin practice until your limited permit has been issued.
5. If your supervisor changes during the one-year time period. You must reapply for a new limited permit. No additional fee is required.

1	49	\$40	PR
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Date Approved/Rejected

Permit Number

Date Issued

Date Expires

Initials

6 Telephone/E-Mail Address

#### Section I: Applicant Information

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

3 Birth Date Month  Day  Year

4 Print Name  
Last   
First   
Middle

5 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

8 Prospective Supervisor: \_\_\_\_\_

9 Under the penalties of perjury, I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, any application may be cause for denial of permit and licensure.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

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

Daytime phone   
Area Code Phone

E-mail Address (please print clearly)

If we may discuss your licensure using this e-mail address, please check this box.

7 I am applying for

- Original permit
- Renewal of Original Permit
- Change of supervisor

**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