

Section II: Affidavit of Professional Practice

Instructions: A dentist, licensed and in good standing in the jurisdiction where the applicant practiced must complete this Section, and sign and date the affirmation before sending the entire form to the Office of the Professions at the address at the end of the form. This form will not accepted if submitted by the applicant.

Name of applicant: _____
(Section I, item 3)

I know the applicant to be of good moral character, and recommend him/her to the State Board for Dentistry and the Department as entirely worthy to be licensed to practice dentistry in the State of New York. Yes No

I have been personally acquainted with the applicant for _____ years.

I have first-hand knowledge that said applicant has practiced as follows (attach additional sheets if necessary):

Dates		Practice Location
From Month/Year	To Month/Year	

Affirmation

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print Name: _____

Jurisdiction where I am a licensed dentist in good standing:

License number: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Dentistry Unit, 89 Washington Avenue, Albany, NY 12234-1000.