



**Section II: Certification of Completion of Advanced Education Program**

**Instructions to program director:** Complete this section and return both pages of this form to the Office of the Professions at the address at the end of the form. Be sure to sign and date the affirmation below. This form will not be accepted if submitted by the applicant.

Name of applicant: \_\_\_\_\_  
(Section I, item 3)

Type of program:

advanced education in general dentistry

advanced education in a dental specialty. Specialty: \_\_\_\_\_

Date the applicant entered the program: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

Date the program was completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

**Affirmation**

I declare and affirm that I am the program director and the statements made on this form are true, complete and correct.

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

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

Institution: \_\_\_\_\_

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

**(SEAL)**

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.**