

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.