

# Dentist Form 1

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 Licensure

Applicants Must Complete All Pages of This Application ***In Ink***

All applicants for licensure must complete this form and submit it with the \$377 licensure and first registration fee directly to the Office of the Professions at the address at the end of this form. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. You must sign and date the Affidavit on this form in the presence of a Notary Public.

1	50	\$377	ER
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2	<b>Social Security Number</b> <small>(Leave this blank if you do not have a U.S. Social Security Number)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3	<b>Birth Date</b>	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
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4	<b>Print Name</b>																												
	Last																												
	First																												
	Middle																												

**Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

5	<b>Mailing Address:</b> <input type="checkbox"/> Home or <input type="checkbox"/> Business <small>(You must notify the Department promptly of any address or name changes.)</small>																												
	Line 1																												
	Line 2																												
	Line 3																												
	City																												
	State					Zip Code																							
	Country/ Province																												

<b>NYS License Number</b>	
<b>Date Issued</b>	
<b>Initials</b>	

6	<b>Telephone/E-Mail Address</b>
	<b>Daytime phone</b> <input type="checkbox"/> Home or <input type="checkbox"/> Business
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Area Code Phone

	<b>E-mail Address</b> (please print clearly) <input type="checkbox"/> Home or <input type="checkbox"/> Business
	<input type="text"/>

7	<b>New York State DMV ID Number</b> (Driver or Non-Driver ID)
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<small>(Leave this blank if you do not have a New York State DMV ID Number)</small>

8	Name as it appears on degree or other credentials (if different from above): _____
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9	Have you previously applied for New York State licensure in any profession licensed under New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Education Law? If "yes", in what profession(s)? _____

10	Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11	Are criminal charges pending against you in any court? <input type="checkbox"/> Yes <input type="checkbox"/> No
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12	Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? <input type="checkbox"/> Yes <input type="checkbox"/> No
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13	Are charges pending against you in any jurisdiction for any sort of professional misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No
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14	Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**NOTE:** If you answer "Yes" to any questions numbered 10-14, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

15 List dates you have taken the National Board Dental Examination: \_\_\_\_\_

16 Please check only one of the following:  Applying for licensure based on successful completion of a residency program approved by an acceptable national accrediting body; such as the Commission on Dental Accreditation.  
 Applying for licensure by endorsement of a license held in another jurisdiction of the United States.

17 Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

**Name of High School/Secondary School or GED Diploma issuer:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Graduation date: \_\_\_\_\_ / \_\_\_\_\_ or Date GED issued: \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

**Postsecondary/Preprofessional Education**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_

Date Degree/Diploma/Certificate awarded: \_\_\_\_\_ / \_\_\_\_\_  
mo. yr.

**Professional Education**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_

Date Degree/Diploma/Certificate awarded: \_\_\_\_\_ / \_\_\_\_\_  
mo. yr.

18 Do you now hold, or have you ever held, a license or certificate to practice any profession\* in any jurisdiction?  Yes  No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

\*Profession is defined as professional titles licensed under New York State Education Law.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

**19 Child Support Obligation**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support\*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

**Check only A or B below. If you check B, you must check one of the five statements listed below it.**

A.  I am not under an obligation to pay child support

**OR**

B.  I am under an obligation to pay child support and (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

\* New York State General Obligations Law, section 3-503.

**20 Child Abuse Recognition And Reporting Course** (check one):

- I graduated from a NYS dentistry program after September 1, 1990 and completed the coursework during my studies.
- I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider.
- I completed the child abuse coursework online and the approved provider will report that to you electronically.
- I am filing for an exemption to the requirement and have enclosed the Certification of Exemption (Form 1CE\*).

\*Form 1CE is available on the Office of the Professions' Web site at [www.op.nysed.gov/documents/form1ce.pdf](http://www.op.nysed.gov/documents/form1ce.pdf).

**21 Infection Control Training Requirement** (check one):

- I graduated from a NYS registered licensure qualifying program within the last four years and completed the infection control training during my studies.
- I completed the infection control training within the last four years and have enclosed a certificate of completion from an approved provider.
- I completed the infection control training online within the last four years and the approved provider will report that to you electronically.
- I am filing for an exemption to the requirement and have enclosed an Attestation of Infection Control Training (Form 1IC\*).

\*Form 1IC is available on the Office of the Professions' Web site at [www.op.nysed.gov/documents/form1ic.pdf](http://www.op.nysed.gov/documents/form1ic.pdf).

**22 Citizenship/Immigration Status**

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

**I am:**

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: \_\_\_\_\_
- I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: \_\_\_\_\_
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: \_\_\_\_\_

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.**

**23 Gender and Ethnicity: (This item is optional.)**

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender:  Male  Female

Ethnicity:  White (not Hispanic)

Black (not Hispanic)

Asian

Hispanic

Native American

**24 Education Program Review**

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing. **This form must be signed and dated in the presence of a Notary Public.**

Yes  No

Please initial: \_\_\_\_\_

**25 Affidavit With Acknowledgment (Notarization required.)**

**Applicant**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the above signed, personally appeared

\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual  
*Applicant Name*

whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Notary Stamp**

**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**