



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

**17** 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.

**18** 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. day yr. mo. day yr.

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

**Postsecondary/Preprofessional Education**

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

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

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

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

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

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

**Professional Education**

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

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

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

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

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

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

**19** 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

**20 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.

**21 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).

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

I graduated from a NYS dentistry program after September 1, 1993 and completed the infection control training during my studies.

I completed the infection control training and have enclosed a certificate of completion from an approved provider.

I completed the infection control training online 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 11C\*).

\*Form 11C is available on the Office of the Professions' Web site at [www.op.nysed.gov/documents/form11c.pdf](http://www.op.nysed.gov/documents/form11c.pdf).

**23 Student Loan Disclosure**

The State Education Department is required\* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

A) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation?  **Yes**  **No**

B) If you have such a loan(s), is any part in default?  **Yes**  **No**

\*New York State Education Law, Section 6501-a

**24 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

**25 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.

Yes  No Please initial: \_\_\_\_\_

**26 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 undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual 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