

Dentistry/Dental Hygiene Form 1LL

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 a Three-Year Limited License and Extension

Please note: You must also file a complete New York State Application for Licensure (Form 1) in Dentistry or Dental Hygiene, submit the appropriate fee listed in item 1, and all required supporting documents. The application materials and instructions are available at www.op.nysed.gov or by e-mailing opforms@mail.nysed.gov or by calling 518-474-3817.

1 Check what profession you are applying for:

Dentistry **59** **\$377** **ER**

Dental Hygiene **69** **\$128** **ER**

2 Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)

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3 Birth Date Month

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 Day

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 Year

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4 Print Name Exactly As You Wish It To Appear On Your License

Last

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First

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Middle

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5 Mailing Address (You must notify the Department promptly of any address or name changes.)

Line 1

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Line 2

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Line 3

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City

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State

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 Zip Code

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Country/Province

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NYS Limited License Number

Date Issued:

Date Expires:

Initials:

6 Telephone/E-Mail Address

Daytime Phone

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Area Code Phone Number

E-Mail Address (Please print clearly)

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7 Please check one:

Original Application

Application for Extension

8 New York State DMV ID Number
(Driver or Non-Driver ID)

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9 Have you previously applied for a New York State Dentistry or Dental Hygiene license or limited permit? YES NO

10 Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? (If so, list below and attach other pages as needed.) YES NO

Profession	License Number	Jurisdiction
Profession	License Number	Jurisdiction

11 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? YES NO

12 Are criminal charges pending against you in any court? YES NO

13 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? YES NO

14 Are charges pending against you in any jurisdiction for any sort of professional misconduct? YES NO

15 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? YES NO

NOTE: If you answer "Yes" to any questions numbered 11-15, submit a letter giving complete explanation. Include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

CITIZENSHIP/IMMIGRATION STATUS:

To be licensed to practice dentistry or dental hygiene under New York law, dentists or dental hygienists must be United States citizens or be aliens lawfully admitted for permanent residence in the United States. The law allows the Board of Regents to waive the requirements for 3 years for a dentist or dental hygienist agreeing to practice in a designated shortage area. The waiver can be extended by the Board of Regents for a dentist or dental hygienist pursuing permanent resident status. The extension can be no more than 6 years. To comply with Federal law, complete this section and check the appropriate box below which indicates your citizenship/immigration status.

I AM: (Check one box)

- 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 a 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 and expiration date or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
_____ Expiration date: ____ / ____ / ____

If you checked A or B you are not eligible for a limited license.

If you checked any of the boxes from C – H, enter your alien registration number or control number issued by the Immigration and Naturalization Service: _____

INS number

DIRECT QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW TO THE IMMIGRATION AND NATURALIZATION SERVICE (INS) AT: 1-800-375-5283.

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 under an obligation to pay child support but are not in compliance with the General Obligations Law can be issued a credential for no more than six months to discharge child support obligations consistent with that law.

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

18 If you are applying for an extension, enter your current three-year limited license number:

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19 **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, Fee Section, Division of Professional Licensing Services, 89 Washington Avenue, Albany, NY 12234-1000. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.