Dentist
Form 4A

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

Supporting Affidavit of Professional Practice for Endorsement Applicants

Applicant Instructions

Complete items 1-4 and forward this form to the licensed dentist who will endorse your licensure application. Ask your endorser to complete item 5 and send the form directly to the address at the end of this form. **This form will not be accepted if returned by the applicant.**

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

2 **Birth Date** Month ☐☐ Day ☐☐ Year ☐☐

3 **Print Name as It Appears on Your Application for Licensure (Form 1)**

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
First ☐☐☐☐☐☐☐☐☐☐
Middle ☐☐☐☐☐☐☐☐☐☐

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

Line 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Line 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Line 3 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
State ☐☐ Zip Code ☐☐☐☐☐ ☐☐☐☐
Country/ Province ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5 **Endorser Instructions: A Dentist, licensed and in good standing in the state where applicant is licensed, must complete the statement below.**

I have been personally acquainted with the above named applicant for _____ years.

I know him/her to be of good moral character, and recommend him/her to the State Board for Dentistry and the Department as entirely worthy to be licensed to practice dentistry in the State of New York. I know that said applicant has practiced as follows:

Date		Address
From	**To**	

I declare and affirm that the statement above is true, complete and correct.

Signature of Endorser _____ Date _____ / _____ / _____
mo. day yr.

Print name _____

License number _____ State _____

Address _____

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.**