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

2. Birth Date
   Month [Blank]  Day [Blank]  Year [Blank]

3. Print Name as It Appears on Your Application for Licensure (Form 1)
   Last [Blank]  First [Blank]  Middle [Blank]

4. Mailing Address (You must notify the Department promptly of any address or name changes.)
   Line 1 [Blank]  Line 2 [Blank]  Line 3 [Blank]
   Country/Province [Blank]

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:

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   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.