

Dentist Form 5 (Check one)

For Employment in an Approved Residency

For Instructing

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

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50 \$105 PR

Application for Limited Permit

Applicant Instructions

1. A limited permit authorizes practice as a dentist under the supervision of a New York State licensed, currently registered dentist with the endorsement of the employer (Section III) or authorizes practice for instructing in dentistry (Section II). When applying for a limited permit, it is your responsibility to ensure that your prospective employer fully completes Section II or III, Certification of Employment. You may not begin practice until your limited permit is issued.
2. Submit this application, the limited permit fee of \$105.00 (check or money order made payable to the State Education Department) and either a certificate of completion or a certification of exemption for the child abuse identification and reporting training to the Office of the Professions, at the address at the end of this form.
3. Have submitted, on your behalf, a Certification of Professional Education (Form 2) directly from the professional school where you completed your dental education.
4. If you change employment after your permit is issued, you must obtain a new permit by completing a new Form 5 with your prospective employer. A new fee is not required for a permit issued as a result of a change in employment.
5. Your limited permit is valid for one year or until ten days after you are notified that your application for licensure was denied. A limited permit which has not expired may be renewed for one year. If you are serving in a residency program in a hospital, annual renewals are available until your residency is completed. To renew your limited permit for an additional year, you must submit a new Form 5 with the \$105 fee.

Date Approved/Rejected

Permit Number

Date Issued

Date Expires

Initials

Section I: Applicant Information

2 Social Security Number

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

3 Birth Date Month Day Year

4 Print Name

Last

First

Middle

5 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

6 Telephone/E-Mail Address

Daytime Phone

Area Code Phone Number

E-mail Address (please print clearly)

7 I am applying for

- Original permit
- Renewal of Original Permit
- Additional supervisor/employer
- Change of supervisor/employer

8 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

9 Are criminal charges pending against you in any court? Yes No

10 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

11 Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

12 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 8-12, 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.

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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

1. 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.

2. 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.

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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

15 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.

16 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.

17 Child Abuse Recognition and Reporting Course (check one):

- I graduated from a dentistry program registered by the New York State Education Department after September 1, 1990.
- I am submitting evidence of completion of the NYS-approved two-hour course in Child Abuse Recognition and Reporting.
- I am filing a Certification of Exemption (Form 1CE) from this requirement.

18 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

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 **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

Section II: Employer's Certification on Behalf of the Applicant for Limited Permit for Instructing in Dentistry.

THE APPLICANT MAY NOT BEGIN PRACTICE UNTIL THE LIMITED PERMIT IS ISSUED.

This is to certify that _____
(Name of applicant)

A graduate of _____ Class of _____
(School of Dentistry) (Year of Graduation)

has been offered a position on the faculty of _____
(Name of Institution)

_____ (Institution's address)

_____ (Institution's phone number) for a period of one year beginning _____ (Year of Graduation)

Certification

I certify this permittee will only practice in the course of instructing on the premises of the school indicated above or such other premises as may be used for instruction in this dental or dental hygiene school.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____

(Institution Seal)
If no seal, attach explanation on institution letterhead

Section III: Employer's Certification on Behalf of the Applicant for Limited Permit *in an Approved Dental Residency*.

THE APPLICANT MAY NOT BEGIN PRACTICE UNTIL THE LIMITED PERMIT IS ISSUED.

This is to certify that _____
(Name of applicant)

A graduate of _____ Class of _____
(School of Dentistry) (Year of Graduation)

has been offered a position in an accredited dental residency program at _____
(Name of Institution)

(Institution's address) (Institution's phone number)

Period beginning _____ Type of program _____ Length of program _____
(Date) (i.e., GPR, AEGD, OMS, etc.) (Number of years)

Director of residency program _____
(Print name)

Primary site of residency program _____

Direct supervisor at primary site _____ License number _____
(Print name)

Extramural site(s):

Direct supervisor at extramural site _____ License number _____
(Print name)

Direct supervisor at extramural site _____ License number _____
(Print name)

Certification

I certify that this permittee will practice under the direction or supervision of a New York State licensed, currently registered dentist.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____

(Institution Seal)
If no seal, attach explanation
on institution letterhead

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.