



**Affidavit of Agreement - Dentistry/Dental Hygiene 3 Year Limited License**

I, \_\_\_\_\_  
*(Print name clearly on this line)*

am applying for licensure as a dentist/dental hygienist in the State of New York under the provisions of Section 6604(6) of the New York State Education Law. This law allows a three-year waiver of the licensure requirement of United States citizenship or lawful admission as an alien for permanent residence in the United States. The waiver is limited to individuals who practice in an area designated as a Federal Dental Health Professional Shortage Area. In consideration for that waiver, I affirm and agree to the following:

1. That I understand the above requirement for a waiver and I agree to limit my practice of dentistry/dental hygiene to:

\_\_\_\_\_  
*(Print name of area within NYS designated as a Federal Dental Health Professional Shortage Area)*

2. That I understand that the license issued for this purpose is valid only for a maximum of three (3) years (unless extended and that it may only be extended for up to another 6 years).
3. To notify the New York State Department of Health promptly in writing at the address on page 2 of this form of any change or potential change in employment status or location that could affect the requirement of working in this Federal Dental Health Professional Shortage Area of New York State and to seek and obtain the New York State Department of Health's concurrence before commencing practice in another shortage area of the State;
4. To provide the New York State Health Department at the address on page 2 of this form, at least annually on the anniversary date of this agreement, with accurate and timely written information regarding my continued compliance with the requirement of working in a Federal Dental Health Professional Shortage Area of New York State. I understand that the New York State Health Department will confirm my continued practice in the designated area;
5. That if I practice dentistry/dental hygiene in New York in other than an approved Federal Dental Health Professional Shortage Area, I will be reported to the New York State Education Department's Office of Professional Discipline; and further affirm that I understand that such action may lead the New York State Education Department to revoke my three-year limited license to practice dentistry/dental hygiene in New York State;
6. That I am and will remain in compliance with U.S. Immigration and Naturalization Law.

**Affirmation**

I affirm that the information provided herein and submitted herewith is true and that this information will be for all purposes the equivalent of an affidavit and if it contains a false statement, shall subject me to the same penalties for perjury as if I had been duly sworn.

\_\_\_\_\_  
Signature \_\_\_\_\_ mo. / \_\_\_\_\_ day / \_\_\_\_\_ yr.

Subscribed and sworn before me this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public: \_\_\_\_\_

Notary ID Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

