FORM 4A

DENTAL HYGIENIST

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

PERSONAL AFFIDAVIT OF PROFESSIONAL PRACTICE FOR ENDORSEMENT APPLICANTS

APPLICANT INSTRUCTIONS

Please note: Only applicants who are licensed in another state need to complete this form. See instructions for additional information.

1. Complete this form in ink and send it to the address at the end of the form. In item 4, be sure to list all professional activities chronologically since graduation from professional school to the present. Vacation periods, and periods of unemployment **must** be included. Be sure to sign and date item 5. **IMPORTANT: You must notify the Department promptly of any address or name changes.**

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 EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)**

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4 **PROFESSIONAL EXPERIENCE** (**attach additional 8 1/2 x 11 sheets, if necessary)**

DATE				**Type of Professional Activity: Including name and address of employer, beginning with date of graduation from professional school.**
FROM		TO		
MONTH	YEAR	MONTH	YEAR	

5 **ATTESTATION**

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 applicant: _____ *Date:* _____

RETURN DIRECTLY TO: → **New York State Education Department,** Office of the Professions, Division of Professional Licensing Services, Dental Hygiene Unit, 89 Washington Avenue, Albany, NY 12234-1000