

SECTION II

INSTRUCTIONS: A duly licensed dentist in good standing in the state where the applicant is licensed must complete the form and return it directly to the Office of the Professions at the address below. This form will not be accepted if submitted by the applicant.

1 I have been personally acquainted with the applicant named in Section I for _____ years.

2 I know him/her to be of good moral character, and recommend him/her to be licensed to practice dental hygiene in the State of New York. I know that said applicant has practiced dental hygiene as follows:

Date		Address (Where applicant practiced)
From	To	

3 ATTESTATION

I declare and affirm that the statements above are true, complete and correct.

Signature of dentist _____ Date _____

Print name: _____

License number _____ State in which you are licensed: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

**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