

Dental Hygiene Form 5

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

Application for Limited Permit

Applicant Instructions

A limited permit authorizes a dental hygiene program graduate to practice dental hygiene under the direct personal supervision of a New York State licensed dentist before completing the license examination requirement.

A limited permit is valid for one year from the date issued. The Department can issue a renewal for one additional year at their discretion.

You must file an Application for Licensure (Form 1), the \$128 fee for licensure and first registration, a Certificate of Professional Education (Form 2) certifying your completion of an acceptable dental hygiene professional education program, this Application for a Limited Permit (Form 5) and the \$50 fee to receive a limited permit.

Complete Section I. It is your responsibility to ensure that your supervising dentist fully completes Section II.

If your supervisor and/or location changes during the one year period, you must reapply for a new limited permit. No additional fee is required.

1

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| 51 | \$50 | PR |
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Date Approved/Rejected

Permit Number

Date Issued

Date Expires

Initials

6

Telephone/E-Mail Address

Daytime phone

| | | | | | | | | | | | | | | | | | | |
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Area Code

Phone

E-mail Address (please print clearly)

7

I am applying for

- Original permit
- Renewal of Original Permit
- Change of supervisor
- Change of location

Section I: Applicant Information

2 Social Security Number

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

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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3 Birth Date Month Day Year

4 Print Name as It Appears on Your Application for Licensure (Form 1)

| | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Last | | | | | | | | | | | | | | | | | | | | |
| First | | | | | | | | | | | | | | | | | | | | |
| Middle | | | | | | | | | | | | | | | | | | | | |

5 Mailing Address (You must notify the Department promptly of any address or name changes.)

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|----------------------|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Line 1 | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | |
| State | | | Zip Code | | | | | | | | | | | | | | | | | |
| Country/ Province | | | | | | | | | | | | | | | | | | | | |

8 Supervising Dentist: _____

9 Under the penalties of perjury, I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, any application may be cause for denial of permit and licensure.

Applicant's signature _____ Date _____

Print name _____

Section II: Supervisor's Certification

Instructions to the Supervisor: By completing Section II, you are certifying that the applicant will be under your direct personal supervision and that you are licensed and currently registered to practice dentistry in New York State. The applicant may not begin practice until the limited permit has been issued.

Direct personal supervision means that the dentist in the dental office or facility, personally diagnoses the condition to be treated, personally authorizes the procedure and, before dismissal of the patient, personally examines the condition after treatment is completed.

Applicant's name: _____
(Section I, item 4)

Name of supervising dentist: _____

New York State Dental license number: _____

Practice address(es): _____

Certification

I certify that I am the supervisor of the applicant and that I will abide by the requirements of direct personal supervision described above.

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

Print name: _____

Name of Office: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

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.