

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.