

Dental Hygiene Restricted Local Infiltration Anesthesia/Nitrous Oxide Analgesia Certification Form 1

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 Dental Hygiene Local Infiltration Anesthesia/Nitrous Oxide Analgesia Certification and First Registration

Applicants Must Complete Both Pages Of This Application In Ink

All applicants for certification must complete this form and submit it with the \$25 certification fee directly to the Office of the Professions at the mailing address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.** You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **You must sign and date the Affidavit on this form in the presence of a Notary Public.**

1 84 \$25 ER

NYS License Number

Date Issued

Initials

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

3 Birth Date Month Day Year

4 Print Your Name Exactly As It Appears On Your Dental Hygiene License
Last
First
Middle

6 Telephone/E-Mail Address

Daytime Phone: Home or Business
Area Code Phone Number

E-Mail Address (Please print clearly):
Home or Business

Licensee business address, phone and e mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

5 Mailing Address: Home or Business
(You must notify the Department promptly of any address or name changes.)
Line 1
Line 2
Line 3
City
State Zip Code
Country/Province

7 New York State DMV ID Number (Driver or Non-Driver ID)
(Leave this blank if you do not have a New York State DMV ID Number)

8 Name on New York State dental hygiene license:
License number: Registration expiration date: mo. day yr.

9 I have met the education and training requirements by (check one):
Completing an educational program provided by a New York State dental hygiene or dental school that is registered by the New York State Education Department and includes the required 30 hours of didactic and 15 hours of clinical training.
at: Institution Completion date
Completing an equivalent educational preparation, acceptable to the New York State Education Department, offered by an institution that has programs leading to licensure in dentistry and/or dental hygiene that are accredited by an acceptable accrediting body. The education must include the required program content.
at: Institution Completion date

10 Name as it appears on degree or other credentials (if different from above):

11 CHILD SUPPORT OBLIGATION:

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A I am not under an obligation to pay child support:

OR

B I am under an obligation to pay child support *and* (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

*New York State General Obligations Law, Section 3-503

12 AFFIDAVIT WITH ACKNOWLEDGEMENT (Notarization required.)

APPLICANT

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. **This form must be signed and dated in the presence of a Notary Public.**

Signature of applicant

Date

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID Number: _____

Expiration Date _____ / _____ / _____
Month Day Year

Notary Stamp

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.