

Registered Dental Assistant Form 5 Application for Limited Permit

Applicant Instructions

1. A limited permit authorizes an individual to practice registered dental assisting under the personal supervision of an licensed dentist. Complete Section I. You must answer all questions **in ink** (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Be sure to sign and date item 9.** It is your responsibility to ensure your supervisor fully completes Section II.
2. You may apply for a limited permit either at the same time as or after submitting an application for a certification as a Registered Dental Assistant in New York State. If you have not yet filed an Application for Certification (Form 1) and the certification fee (\$103), you must submit them with this form and the limited permit fee.
3. Submit this application and the limited permit fee (\$40) to the Office of the Professions at the address at the end of this form. The limited permit fee is not refundable. **Permits cannot be issued until all required documentation has been received and approved.** The permit is valid for a period of one year. The permit may be renewed for one additional year at the discretion of the Department. To apply for an renewal, you must submit a new Form 5 and limited permit fee (\$40) along with a justification for the renewal.
4. If you change supervisors or have additional settings or supervisors after a permit is issued, you must obtain an amended permit. Complete a new Form 5 with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a permit issued as a result of a change in supervisor or setting.

Application for Registered Dental Assistant

49 **\$40** **PR**

Section I: Applicant Information

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 Last
 First
 Middle
4. 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
5. Telephone/Email Address
Daytime Phone
 Home or Business

Area Code Phone
Email Address (please print clearly)
 Home or Business
6. 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)

7. I am applying for Original Permit (Include \$40 fee) Extension (Attach justification and include \$40 fee)
 Additional Setting Additional Supervisor
 Change of Setting* Change of Supervisor*

*If you are applying for a change of setting or supervisor, please indicate the setting and/or supervisor being cancelled.

8. Name of prospective supervisor _____

9. 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, my application may be cause for denial of permit and certification/licensure and may result in criminal prosecution.

Applicant's Signature _____

Date _____

Section II: Supervisor's Certification

Supervisor Instructions: Complete Section II to certify that you are licensed and currently registered as a Dentist in New York State and the applicant will be under your direct supervision at the setting named below. The applicant may not begin practice until the limited permit has been issued.

Section 6608 of the Education Law defines direct personal supervision as "supervision of dental procedures based on instructions given by a licensed dentist in the course of a procedure who remains in the dental office where the supportive services are being performed, personally diagnoses the condition to be treated, personally authorizes the procedures, and before dismissal of the patient, who remains the responsibility of the licensed dentist, evaluates the services performed by the dental assistant."

Applicant's Name _____
(Section I, item 3)

Supervisor's Name _____

New York State License number _____ Date licensed _____
mo. day yr.

Setting in New York State where experience will take place:

Name _____
(Spell out/No abbreviation)

Address _____
Street City State Zip Code

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. I declare that the statements made in the foregoing certification are true, complete and correct. Any false or misleading information in or in connection with this certification may be the cause for denial of permit and licensure.

Supervisor Signature _____ Date _____
Print Name _____
Address _____
Telephone _____
Fax _____
Email _____

If you are applying for an original permit or renewal, mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201 U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

If you are ONLY applying for a change of, or additional supervisor/setting, mail this form to: New York State Education Department, Office of the Professions, Registered Dental Assisting Unit, 89 Washington Avenue, Albany, NY 12234-1000. **No fee is needed for this option.**