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 In Oxide Analgesia Certification a Applicants Must Complete Both Pages				
dir pa Yo to	applicants for certification must complete this form an ectly to the Office of the Professions at the mailing addressyable to the New York State Education Department. Now must answer all questions and provide all information recomplete all required parts of the application will delay its	1 84 \$25 ER NYS License Number			
	fidavit on this form in the presence of a Notary Public	Date Issued			
2	Social Security Number (Leave this blank if you do not have a U.S. Social Security Num	nber)	Initials		
3	Birth Date Month Day Year		6 Telephone/E-Mail Address		
4	Print Your Name Exactly As It Appears On Your Der	ntal Hygiene License	Daytime Phone: ☐ Home or ☐ Business		
	Last				
	First		Area Code Phone Number		
	Middle		E-Mail Address (Please print clearly): Home or Business		
	<u>Licensee</u> 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				
5	Mailing Address: Home or Business (You must notify the Department promptly of any address.) Line 1	ss or name changes.)	New York State DMV ID Number (Driver or Non-Driver ID)		
5	(You must notify the Department promptly of any address	ss or name changes.)	(Driver or Non-Driver ID) (Leave this blank if you do not have a		
5	(You must notify the Department promptly of any addre-	ss or name changes.)	(Driver or Non-Driver ID)		
5	(You must notify the Department promptly of any address Line 1 Line 2 Line 3	ss or name changes.)	(Driver or Non-Driver ID) (Leave this blank if you do not have a		
5	(You must notify the Department promptly of any address Line 1 Line 2 Line 3 City	ss or name changes.)	(Driver or Non-Driver ID) (Leave this blank if you do not have a		
8	(You must notify the Department promptly of any address Line 1 Line 2 Line 3 City State Country/ Province Zip Code		(Driver or Non-Driver ID) (Leave this blank if you do not have a New York State DMV ID Number)		
	(You must notify the Department promptly of any address Line 1 Line 2 Line 3 City State Country/		(Driver or Non-Driver ID) (Leave this blank if you do not have a New York State DMV ID Number)		
	(You must notify the Department promptly of any address Line 1	Registration expiration date:/	(Driver or Non-Driver ID) (Leave this blank if you do not have a New York State DMV ID Number)		
8	(You must notify the Department promptly of any address Line 1 Line 2 Line 3 City State Zip Code Country/Province Name on New York State dental hygiene license:	Registration expiration date:/	(Driver or Non-Driver ID) (Leave this blank if you do not have a New York State DMV ID Number)		
8	(You must notify the Department promptly of any address Line 1 Line 2 Line 3 City State Zip Code Country/ Province Name on New York State dental hygiene license: File Completing an educational program provided by a Education Department and includes the required 3	Registration expiration date:/	(Driver or Non-Driver ID) (Leave this blank if you do not have a New York State DMV ID Number)		
8	(You must notify the Department promptly of any address Line 1	Registration expiration date:/	(Driver or Non-Driver ID) (Leave this blank if you do not have a New York State DMV ID Number) I that is registered by the New York State ing. Completion date Department, offered by an institution that has		
8	(You must notify the Department promptly of any address Line 1 Line 2 Line 3 City State Zip Code Country/ Province Name on New York State dental hygiene license: Final License number: Final Completing an educational program provided by a Education Department and includes the required 3 at: Institution Completing an equivalent educational preparation programs leading to licensure in dentistry and/or	Registration expiration date:/	(Driver or Non-Driver ID) (Leave this blank if you do not have a New York State DMV ID Number) I that is registered by the New York State ing. Completion date Department, offered by an institution that has		
8	(You must notify the Department promptly of any address Line 1 Line 2 Line 3 City State Zip Code Country/ Province Name on New York State dental hygiene license: License number: I have met the education and training requirements by (Completing an educational program provided by a Education Department and includes the required 3 at: Institution Completing an equivalent educational preparation programs leading to licensure in dentistry and/or include the required program content. at:	Registration expiration date:/	(Driver or Non-Driver ID) (Leave this blank if you do not have a New York State DMV ID Number) I that is registered by the New York State ing. Completion date Department, offered by an institution that has exptable accrediting body. The education must		

CHILD SUPPORT OBLIGATION:				
Everyone applying for a professional license, permit, or registra the filing, she or he is, or is not, under an obligation to pay child support or who have failed to comply with a summons, sub subject to suspension of their business, professional, drive false written statements for the purpose of frustrating or defeating 175.35 of the Penal Law.	I support*. Individuals who are four mo opoena or warrant relating to a patern ers and/or recreational licenses and p	onths or more in arrears in child ity or child support proceeding may be permits. The intentional submission of		
You must complete this section before we can issue the crede obligation to pay child support can be issued a credential for no many control of the control of the credential for no many				
Check only A or B below. If you check B, you must check of	ne 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 (p	please check only one of the following)			
I am current and am not four months or more in a	arrears in the payment of child support; or	,		
I am making payments by income execution or b	by court agreed payment plan or by a pla	an agreed to by the parties; or,		
The child support obligation is the subject of a pe	ending court proceeding; or,			
I am receiving public assistance or supplementa	al security income: or.			
None of the above four statements apply.	, , , , ,			
lew York State General Obligations Law, Section 3-503				
AFFIDAVIT WITH ACKNOWLEDGEMENT (Notariz	zation required.)			
APPLICANT				
I declare and affirm that the statements made in this application, inc that any false or misleading information in, or in connection with my prosecution. This form must be signed and dated in the presence. Signature of applicant Date NOTARY State of	application may be cause for denial or I			
On the day of	in the year	before me, the above signed		
personally appeared, per	rsonally known to me on the basis of sati	stactory evidence to be the individual whose		
name is subscribed to this application and acknowledged to me that	t he/she executed the application and sw	ore that the statements made by him/her in		
the application and all supporting materials are true, complete, and co	orrect.			
Notary Public signature				
Notary ID Number:				
Expiration Date / / / Year	Nota	ary Stamp		
ail this form and appropriate fee to: New York State E Y 12201. DO NOT SEND CASH. Make check or money	order payable to the New York St	ate Education Department.		
Dental Hygiene Anesthesia Form 1, Page 2 of 2, Rev. 10/15				