Dentist
Form 4

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

Personal Affidavit of Professional Practice for Endorsement Applicants

Applicant Instructions

Please note: Only applicants who have **not** completed an approved residency program of at least one year's duration, are licensed in another jurisdiction and are seeking licensure by endorsement are required to complete this form.

Complete this form and send it to the address at the end of this form. In item 4, be sure to list all professional activities chronologically since graduation from professional school to the present. Periods of unemployment **must** be included. Be sure to sign and date item 5.

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 as It Appears on Your Application for Licensure (Form 1)**

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
First ☐☐☐☐☐☐☐☐☐☐
Middle ☐☐☐☐☐☐☐☐☐☐

4 **Professional Experience** (attach additional sheets, if necessary)

Date				**Type of Professional Activity: Including name and address of employer, beginning with date of graduation from professional school.**
From		**To**		
Month	**Year**	**Month**	**Year**	

5 **Attestation**

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.

Applicant's Signature: _____ Date:_____ / _____ / _____
mo. day yr.

Return Directly to: **New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Dentistry Unit, 89 Washington Avenue, Albany, NY 12234-1000.**