Dental Hygiene Form 5

Applicant's signature

Print name

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

\$50

PR

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Date Approved/Rejected

Permit Number

Date Issued

Date

Application for Limited Permit

Applicant Instructions

A limited permit authorizes a dental hygiene program graduate to practice dental hygiene under the direct personal supervision of a New York State licensed dentist before completing the license examination requirement.

A limited permit is valid for one year from the date issued. The Department can issue a renewal for one additional year at their discretion.

You must file an Application for Licensure (Form 1), the \$128 fee for licensure and first registration, a Certificate of Professional Education (Form 2) certifying your completion of an acceptable dental hygiene professional education program, this Application for a Limited Permit (Form 5) and the \$50 fee to receive a limited permit. **The limited permit fee is not refundable.**

(Fo	m 5) and the \$50 fee to receive a limited permit. The limited permit fee is not refundable.	Dat	e Expires
	nplete Section I. It is your responsibility to ensure that your supervising dentist fully completes tion II.		
Sec	uon II.	Initials	
	our supervisor and/or location changes during the one year period, you must reapply for a new ed permit. No additional fee is required.		T
Sec	tion I: Applicant Information	6	Telephone/E-Mail Address
		[Daytime phone
2	Social Security Number (Leave this blank if you do not have a U.S. Social Security Number)	ſ	
		-	Area Code Phone
3	Birth Date Month Day Year	E	E-mail Address (please print clearly)
4	Print Name as It Appears on Your Application for Licensure (Form 1)		
	Last		
	First		
	Middle Middle	7	I am applying for
]
5	Mailing Address (You must notify the Department promptly of any address or name changes.)		☐ Original permit
	Line 1		☐ Renewal of Original Permit
	Line 2		☐ Change of supervisor
	Line 3		☐ Change of location
	City 7: O 1		
	State Zip Code L L L L L L L L L L L L L L L L L L L		
	Province Province		
8	Supervising Dentist:		
9	Under the penalties of perjury, I declare and affirm that the statements made in the foregoing	annli	cation are true, complete and correct
	Any false or misleading information in, or in connection with, any application may be cause for		•

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Section II: Supervisor's Certification					
Instructions to the Supervisor: By completing Section II, you are certifying that the applicant wi and that you are licensed and currently registered to practice de 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: / / 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 12201. DO NOT SEND CASH. Make check or money order payable to the New York State E					

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