



**Section II: Certification of Supervision (continued)**

**Setting in New York State where supervised practice will take place (if different than employer):**

Setting Name \_\_\_\_\_  
(Spell out/No abbreviation)

Setting Address \_\_\_\_\_  
\_\_\_\_\_ *Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

\_\_\_\_\_ *Telephone* \_\_\_\_\_ *Fax* \_\_\_\_\_ *Email*

**Attestation**

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 and disciplinary action against my license and may result in criminal prosecution.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Submitting this form**

Upload this form in your online limited permit application.

If you have already submitted your online limited permit application, upload this form to: <https://eservices.nysed.gov/professions/wf/document>

You will need the Application ID of your limited permit submission that was emailed to you and your date of birth.

**Or**

You can mail this form along with any required documentation to:

New York State Education Department  
Office of the Professions  
Dental Hygiene Unit  
89 Washington Avenue  
Albany, NY 12234-1000