

Application to Request an Exemption from the Cardiopulmonary Resuscitation (CPR) Requirement

Section 6611(10) of New York State Education Law requires that dentists registered to practice in New York State must maintain cardiopulmonary resuscitation certification. The law includes provisions for individuals with physical impairments.

In order to be granted an exemption, you **must**:

1. Submit documentation of physical impairment along with this application. Such documentation should be signed by the licensed professional treating the condition and include the nature of the disability as it pertains to administering cardiopulmonary resuscitation;
2. Sign the attestation below that an individual or individuals employed by the dental office will maintain certification in cardiopulmonary resuscitation and be present in the office while patients are being examined; and
3. Return the signed application along with any required documentation to the State Board for Dentistry at the address listed below.

Note: If in the future your physical abilities improve so that you are capable of administering cardiopulmonary resuscitation, you **must** contact the New York State Board for Dentistry to discontinue exemption.

Attestation

I understand the requirements and would like to request an exemption to the cardiopulmonary resuscitation requirement as allowed per New York State Education Law section 6611(10). I am attaching documentation of my physical impairment as required by law.

By signing below, I attest that an individual certified in cardiopulmonary resuscitation will be present in the dental office at all times while patients are being examined.

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.

Signature _____ Date _____ / _____ / _____
mo. day yr.

Print Name _____

License Number: _____

Home telephone number _____ Work telephone number _____

Fax number _____ E-mail _____

Mail this form and any required documentation to: New York State Education Department, State Board for Dentistry, 89 Washington Avenue, Second Floor, Albany, NY 12234-1000.