

New York State Dental Residency

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
State Board for Dentistry
www.op.nysed.gov/prof/dent/

Child Support Obligation

Check only one:

- I am not under an obligation to pay child support
- I am under an obligation to pay child support and I am current with my child support obligation.
- I am under an obligation to pay child support and I am not current with my child support obligation. (Attach explanation)

I declare and affirm that the statements made in this application, are true, complete and correct.

Signature of Applicant

Date

Print Name

Notary Public

April 2011

New York State Dental Residency

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
State Board for Dentistry
www.op.nysed.gov/prof/dent/

Child Support Obligation

Check only one:

- I am not under an obligation to pay child support
- I am under an obligation to pay child support and I am current with my child support obligation.
- I am under an obligation to pay child support and I am not current with my child support obligation. (Attach explanation)

I declare and affirm that the statements made in this application, are true, complete and correct.

Signature of Applicant

Date

Print Name

Notary Public

April 2011

New York State Dental Residency

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
State Board for Dentistry
www.op.nysed.gov/prof/dent/

Child Support Obligation

Check only one:

- I am not under an obligation to pay child support
- I am under an obligation to pay child support and I am current with my child support obligation.
- I am under an obligation to pay child support and I am not current with my child support obligation. (Attach explanation)

I declare and affirm that the statements made in this application, are true, complete and correct.

Signature of Applicant

Date

Print Name

Notary Public

April 2011