# Citizenship/Immigration Status

## Applicant Instructions

Federal Law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. If you are applying for a professional license and/or a limited permit in New York State, you are required to complete and send this form directly to the Office of the Professions at the address at the end of the form.

## 1. Profession:

________________________________________________________________________________________________

## 2. Social Security Number

(Leave this blank if you do not have a U.S. Social Security Number)

## 3. Birth Date

Month Day Year

## 4. Print Name

Last

First

Middle

## 5. Mailing Address

You must notify the Department promptly of any address or name changes.

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City

State Zip Code

Country/Province

## 6. Citizenship/Immigration Status

Check the appropriate box indicating your citizenship/immigration status.

I am:

- [ ] A United States citizen or National.
- [ ] An alien lawfully admitted for permanent residence in the United States.
- [ ] An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- [ ] A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- [ ] An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act.
- [ ] An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- [ ] An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- [ ] Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _______________________________________
- [ ] I do not reside in the United States.

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: ____________________________ Expiration Date: ____________________________

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

## 7. Attestation

I declare and affirm under penalty of perjury that the above information is true, and correct. I understand that any false or misleading information in, or in connection with, my application may be the cause for denial or loss of licensure and may result in criminal prosecution.

Signature: ____________________________ Date: ____________________________

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

(Insert name of profession)