

14 **Citizenship/Immigration Status:**

To be licensed to practice medicine under New York law, physicians must be United States citizens or be aliens lawfully admitted for permanent residence in the United States. The law allows the Board of Regents to waive the requirements for 3 years for a physician agreeing to practice in an area designated as medically underserved. The waiver can be extended by the Board of Regents for a physician pursuing permanent resident status. The extension can be no more than 6 years. To comply with Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- | | |
|--|---|
| <input type="checkbox"/> A. A United States citizen or National. | <input type="checkbox"/> F. An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act. |
| <input type="checkbox"/> B. An alien lawfully admitted for permanent residence in the United States. | <input type="checkbox"/> G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980. |
| <input type="checkbox"/> C. An alien granted asylum under Section 208 of the Immigration and Nationality Act. | <input type="checkbox"/> H. 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: _____ |
| <input type="checkbox"/> D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act. | |
| <input type="checkbox"/> E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year. | |

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

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.

15 **Child Support Obligation**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or drivers licenses.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A. **I am not** under an obligation to pay child support

OR

B. **I am** under an obligation to pay child support and (please check only one of the following)

- I am current and am not four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

* New York State General Obligations Law, section 3-503.

16 Provided that I have met and documented all requirements for the initial three-year limited license, please issue my license effective:
(Please note: the license cannot be issued on a weekend or state holiday.)

Month Day Year

If you are applying for an extension, enter your current three-year limited license number:

17 **Photograph Requirement:**

DO NOT STAPLE

**ATTACH SECURELY IN
THIS SPACE A 2" X 2"
PASSPORT STYLE
PHOTOGRAPH TAKEN
WITHIN THE PAST YEAR**

Date of photo: _____

18 **Affidavit With Acknowledgment** (Notarization required.)

Applicant

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 of the applicant: _____

Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department