

Midwife Form 5

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000
www.op.nysed.gov

Department Use Only

Application for Limited Permit

APPLICANT INSTRUCTIONS

- You may file an application for a limited permit with or after submitting an application for a license as a midwife in New York State to practice pending receipt of the license.** A limited permit authorizes practice as a midwife under the supervision of a New York State licensed and currently registered midwife or physician.
- Complete Section I in ink and have your supervisor complete Section II. Be sure to sign and date item 10. Once limited permits are issued, they may not be adjusted. You should be certain you are ready to begin practice when you apply for the limited permit. Submit this application and the required fee of \$70 to the address at the end of this form. If you have not yet filed an Application for Licensure (Form 1) and the \$322 fee, you may submit them with this form and the limited permit fee. **The applicant may not begin practice until the limited permit is issued.**
- If you change employment and/or supervising practitioner after a permit is issued, you must obtain a new permit. The new permit is obtained by having the prospective employer and/or supervising practitioner complete a new Form 5. A fee is not required for a new permit issued as a result of a change in employer and/or supervising practitioner.
NOTE: If you have more than one supervisor, a separate Form 5 must be completed by each. (Only one limited permit fee is required.)

1 28 \$70 PR

Permit number

Date issued

Date expires

Initials

6 Telephone/E-Mail Address

Daytime Phone

Area Code Phone Number

E-Mail Address (Please print clearly)

7 I am applying for:

- Original permit
- Additional supervisor/employer (No fee required)
- Change of supervisor/employer (No fee required)

SECTION I: APPLICANT INFORMATION

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 Your Name Exactly As You Wish It To Appear On Your Limited Permit

Last
First
Middle

5 Mailing Address (You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/
Province

8 Citizenship: United States Alien lawfully admitted for a permanent residence in the United States Other Immigration
Citizen of: _____
Attach a photocopy of the front and back of your Alien Registration Card

9 PRACTICE LOCATION(S):

Office/Facility Name: _____
Address: _____
Office/Facility Name: _____
Address: _____

10 I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and licensure and may result in criminal prosecution.

Applicant's signature Date

SECTION II: CERTIFICATION OF SUPERVISOR

INSTRUCTIONS TO THE SUPERVISOR

1. A limited permit shall expire one year from the date of issuance. The applicant may not practice as a midwife until the limited permit is issued.
2. Complete Section II and sign the attestation below.

1. Applicant's name: _____
(Please print)

2. Employer:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____ - _____

Telephone: _____ Fax: _____ E-mail: _____

3. Direct supervision will be provided by: *(complete as appropriate)*

A midwife licensed and currently registered to practice in New York State

Name: _____ N.Y. License No. _____
(Please print)

A physician licensed and currently registered to practice in New York State who:

(a) Is Board certified in obstetrics and gynecology; or

(b) Has obstetrical privileges at _____ or _____

Name: _____ N.Y. License No. _____
(Please print)

Both of the above

4. ATTESTATION

I certify that the applicant named in Section I will be employed under the supervision of a New York State licensed and currently registered midwife or physician and that I agree to abide by the conditions stipulated on the permit.

I further declare and affirm 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 would be professional misconduct and may be cause for disciplinary action against my professional license.

Signature: _____ Date: _____ / _____ / _____
(Applicant's supervisor named in item 3 above) mo. day yr.

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.