

Podiatrist Form 5B

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Department Use Only

Application for Limited Permit for Applicants Who Have Not Applied for Licensure in New York State

APPLICANT INSTRUCTIONS

NOTE: This form is only for persons requesting a Limited Permit in Podiatry who are **not** applying for licensure in New York State. If you are seeking licensure and wish to apply for a Limited Permit, you must complete Form 5A.

- The fee for an initial Limited Permit is \$105; the fee for each renewal is \$50. **Do not send cash.** Please make check or money order payable to: *New York State Education Department*. This check must accompany Form 5B. **PLEASE NOTE:** Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency. Payments submitted in any other form will not be accepted and will be returned.
- Complete Section I in ink. Your employer must complete Section II.
- Send the entire form and the appropriate fee to the address at the end of this form.

Permit Number

Date Issued

Date Expires

Initials

6 Telephone/E-Mail Address

Section I: Applicant Information

1 Check what you are applying for:

Original	<input type="checkbox"/>	65	\$105	PR
Renewal	<input type="checkbox"/>	65	\$50	PR

2 Social Security Number

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

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3 Birth Date

Month	<input type="text"/>	Day	<input type="text"/>	Year	<input type="text"/>
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Daytime Phone

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code				Phone Number			

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

Last	<input type="text"/>
First	<input type="text"/>
Middle	<input type="text"/>

E-Mail Address (Please print clearly)

<input type="text"/>

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

Line 1	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
<input type="text"/>	

7 Have you applied for a license to practice Podiatry in New York State?

If yes, complete Form 5A instead of this form.

YES NO

8 Are you licensed in another state? If yes, what state? _____

YES NO

9 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?

YES NO

10 Are criminal charges pending against you in any court?

YES NO

11 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

YES NO

12 Are charges pending against you in any jurisdiction for any sort of professional misconduct?

YES NO

13 Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?

YES NO

NOTE: If you answer "Yes" to any questions numbered 9-13, submit a letter giving a complete detailed explanation. Include copies of any court records (conviction records), and, if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

14

Employer name: _____

Address: _____

15

Please print clearly giving an accurate record of your educational preparation below. Be sure to complete all information for all colleges/universities attended and degrees received. Attach additional sheets if necessary.

Primary School Education (If educated outside the United States)

Name of School: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____
mo. day yr.

High School/Secondary School Education

Name of School: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____
mo. day yr.

Professional School(s)

1. Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

2. Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

3. Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

16 CITIZENSHIP/IMMIGRATION STATUS:

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I AM: (Check one box)

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- 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.
- F. An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.
- 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.
- 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: _____
- I. 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

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.

17 CHILD SUPPORT OBLIGATION:

Everyone applying for or renewing a professional license, permit, or registration, must file a written statement that, as of the date of the filing, he or she 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

18 STUDENT LOAN DISCLOSURE:

The State Education Department is required to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

- (a) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation? Yes No
- (b) If you have such a loan(s), is any part in default? Yes No

19 CHILD ABUSE IDENTIFICATION AND REPORTING: (Check only one of the following.)

- I graduated from a New York State podiatry program after September 1, 1990.
- I completed the coursework and have enclosed a certificate of completion from an approved provider.
- I am filing for an exemption to the requirement and have enclosed the exemption form.

20 GENDER AND ETHNICITY: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

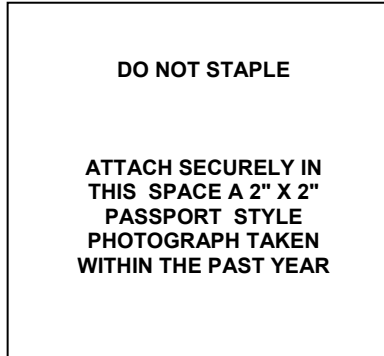
- GENDER: Male Female
- ETHNICITY: White (not Hispanic) Black (not Hispanic) Asian Hispanic Native American

21 EDUCATION PROGRAM REVIEW

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes No Please initial: _____

22 PHOTOGRAPH REQUIREMENT:



Date of photo: _____

23 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: _____

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

SECTION II: EMPLOYER INFORMATION

INSTRUCTIONS FOR PROSPECTIVE EMPLOYER

1. Pursuant to Section 7007 of the Education Law, all practice under a limited permit shall be under the supervision of a New York State licensed and currently registered podiatrist.
2. The permit is valid only for
 - a. Practice in a hospital or health facility pursuant to Article 28 of the Public Health Law; or
 - b. A clerkship conducted by a podiatrist designated as a member of the faculty of an approved school of podiatry for the purpose of a preceptorship programs; or
3. Limited permits expire one year from the date of issuance.

Limited permits issued for use in an Article 28 facility or in a clerkship may be renewed for one additional year at the discretion of the Department.

4. IT IS UNLAWFUL FOR THE APPLICANT TO BEGIN PRACTICE BEFORE THE LIMITED PERMIT IS ISSUED.

PRACTICE LOCATION

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

ATTESTATION

I certify that the individual named in this application has been offered a position as a: (check one)

- staff member of a hospital or health facility pursuant to Article 28 of the Public Health Law; or
- clerk in a preceptorship program.

Supervising Podiatrist (please print): _____

Signature of Supervising Podiatrist: _____

Supervisor's N.Y.S. License Number: _____ Date: _____ / _____ / _____
mo. day yr.

Telephone: _____ Fax: _____

E-mail : _____

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.