





**SECTION II: EMPLOYER INFORMATION**

**INSTRUCTIONS FOR PROSPECTIVE EMPLOYER**

1. Pursuant to Section 7008 of the Education Law, a New York State licensed and currently registered podiatrist must supervise all practice under a limited residency permit. However, practice under this permit requires the direct personal supervision of an authorized and competent New York State licensed physician when procedures involve practice beyond that authorized by Section 7001 of the Education Law.
2. This limited residency permit is valid only for practice in a hospital or health facility pursuant to Article 28 of the Public Health Law.
3. Limited residency permits expire one year from the date of issuance and may be renewed for one or two additional years.
4. IT IS UNLAWFUL FOR THE APPLICANT TO BEGIN PRACTICE BEFORE THE LIMITED RESIDENCY PERMIT IS ISSUED.

**PRACTICE LOCATION**

Name of facility: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**ATTESTATION**

I certify that the individual named in this application has been offered a position as a resident in a post-graduate residency program.

Supervising Podiatrist (please print): \_\_\_\_\_

Signature of Supervising Podiatrist: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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