



14

Prospective 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: \_\_\_\_\_ mo. / \_\_\_\_\_ day / \_\_\_\_\_ yr. to \_\_\_\_\_ 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: \_\_\_\_\_ mo. / \_\_\_\_\_ day / \_\_\_\_\_ yr. to \_\_\_\_\_ 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: \_\_\_\_\_ mo. / \_\_\_\_\_ day / \_\_\_\_\_ yr. to \_\_\_\_\_ 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: \_\_\_\_\_ mo. / \_\_\_\_\_ day / \_\_\_\_\_ yr. to \_\_\_\_\_ 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: \_\_\_\_\_ mo. / \_\_\_\_\_ day / \_\_\_\_\_ yr. to \_\_\_\_\_ mo. / \_\_\_\_\_ day / \_\_\_\_\_ yr.

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

16

Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction?  YES  NO

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

**17 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.**

**18 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

**19 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

**20 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.

**21 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

**22 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: \_\_\_\_\_

**23 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: \_\_\_\_\_

**24 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 7008 of the Education Law, all practice under a limited residency permit shall be under the supervision of a New York State licensed and currently registered podiatrist. 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 in Section 7001 of the Education Law.
2. The 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 podiatric 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. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.