

Acupuncture 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 licensure as a acupuncturist in New York State. The limited permit allows you to practice acupuncture for a period of one year pending completion of your examination requirement. A permittee can practice acupuncture only under the on-site supervision of a New York State licensed and currently registered acupuncturist or a New York State licensed and currently registered physician or dentist certified to practice acupuncture. No practitioner may supervise more than one permittee. Legal practice sites include a public hospital, an incorporated hospital or clinic, a licensed proprietary hospital, a licensed nursing home, a public health agency, the office of a licensed or certified acupuncturist or in the civil service of the federal or state government. The limited permit is valid for a period of one year and may be renewed for up to one additional year with approval of the Department.

Complete Section I of this form. Your employer must complete Section II. Send this completed form with a check or money order payable to the New York State Education Department at the address at the end of this form. If you have not yet filed an Application for Licensure and First Registration (Form 1) and the \$788 fee, you may submit them with this form and the limited permit fee. Your limited permit can not be issued until we receive and approve all required documentation.

1 **25** **\$70** **PR**

Permit Number

Date Issued

Date Expires

SECTION I: APPLICANT INFORMATION

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

6 **Telephone/E-Mail Address**

Daytime Phone

 Area Code Phone Number

3 **Birth Date** Month Day Year

E-Mail Address (Please print clearly)

4 **Print Name Exactly As It Appears On Your Licensure Application (Form 1)**

Last

First

Middle

7 **I Am Applying For:**

Original Permit

Renewal of Original Permit

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

SECTION II: TO BE COMPLETED BY EMPLOYER

- EMPLOYER INSTRUCTIONS:**
1. Please type or print all information. Give the full name of the employing agency.
 2. Please note that you can not employ the applicant until he or she submits to you the employer's copy of the limited permit we issue. Both an employer and the employee may be prosecuted under Title VIII of the Education Law if an individual is employed as an acupuncturist without a license or limited permit.
 3. No practitioner may supervise more than one permittee.
 4. By completing Section II, the employer certifies that the permittee will be employed under the on-site supervision of a licensed acupuncturist or a licensed physician or dentist certified in acupuncture, and that the expiration date of the limited permit will be noted and observed.

FULL NAME OF EMPLOYER: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Area code: (____) Number: _____ - _____

Fax: Area code: (____) Number: _____ - _____

E-mail: _____

Name of Supervisor: _____

Supervisor's Signature: _____

Supervisor's Profession (check one):

Acupuncture N.Y.S License Number: _____

Physician Certified In Acupuncture N.Y.S License Number: _____

Dentist Certified In Acupuncture N.Y.S License Number: _____

ATTESTATION

I certify that the individual listed in Section I will be employed under the on-site supervision of the licensed acupuncturist, physician or dentist listed above and that the expiration date of the limited permit will be noted and observed.

Signature _____ mo. / _____ day / _____ yr.

Print employing officer's name

Title

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.