



**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.