

**Application for Clinical Laboratory
Exemption Permit**

Applicants Must Complete All Pages of This Application ***In Ink***

Applicant Instructions

1. A Clinical Laboratory Technology Exemption permit authorizes practice as a perfusionist under the supervision of a physician licensed and currently registered in New York State at a hospital where you are employed on a salaried basis. Complete all pages of this form, be sure to sign and date the affidavit and submit this form along with the \$50 permit fee to the Office of the Professions at the address at the end of this form.
2. You must also have a Verification of Employment by Hospital (Form 5A) submitted by the Hospital where you are employed on a salaried basis. **Your permit cannot be issued until the Department receives and approves all required documentation.**
3. A Clinical Laboratory Technology Exemption permit holder is subject to the full disciplinary and regulatory authority of the Board of Regents, pursuant to Title VIII of the Education Law, as if the permit were a professional license under Article 165 of the Education Law.
4. All Clinical Laboratory Technology Exemption permits issued on or after October 21, 2016 will expire on October 20, 2018 and cannot be renewed. If you change employment after a permit is issued, you must obtain a new permit, and with the prospective employer, complete and submit a new Application for Clinical Laboratory Exemption Permit (Form 5EP), and the \$50 permit fee. A new Verification of Employment by Hospital (Form 5A) must also be submitted. The original Clinical Laboratory Technology Exemption permit must be signed/dated on the back and returned to the Department.

1	86	\$50	PR
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Permit Number
Date Issued
Date Expires
Initials

2 Social Security Number

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

3 Birth Date Month Day Year

4 Print Name

Last

First

Middle

6 I am applying for:

Original permit

Renewal of Original Permit

Additional supervisor/employer

Change of supervisor/employer

Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

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

Line 1

Line 2

Line 3

City

State Zip Code

Country/
Province

7 New York State DMV ID Number
(Driver or Non-Driver ID)

(Leave this blank if you do not have a New York State DMV ID Number)

8 Telephone/E-mail Address

Daytime phone: Home or Business E-mail: Home or Business

9 Name as it appears on other credentials (if different than above): _____

10 Have you previously applied for New York State licensure in any profession? Yes No

If "yes", in what profession(s)? _____

11 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 below and attach other pages as needed.)

Profession	License number	Jurisdiction
Profession	License number	Jurisdiction

12 Have you been subject to any disciplinary action for professional misconduct in another jurisdiction? Yes No
If yes, submit a letter giving a complete and detailed explanation and attach any relevant documents.

13 **Child Support Obligation**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** 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.

14 **Citizenship/Immigration Status:**

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- 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 241 (b)(3) 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 am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: _____
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, 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.

15 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

Affirmation

I declare and affirm under penalty of perjury, that the statements made in this application, including any 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 permit and may result in criminal prosecution.

I also understand that while holding a permit to practice as a perfusionist in New York State that I shall be subject to the full disciplinary and regulatory authority of the Board of Regents, pursuant to Title VIII of the Education Law, as if the permit were a professional license issued under Article 165 of the Education Law.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print Name: _____

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.