

**Clinical Laboratory Technologist/
Certified Histological Technician
Form 5N
Application for Provisional Permit**

If you have held a New York State Limited License for Clinical Laboratory Technology or Certified Histological Technician DO NOT USE THIS FORM. Use Form 5PP ONLY.

Applicant Instructions

1. A provisional permit authorizes practice as a clinical laboratory technologist or a certified histological technician under the general supervision of the director of a clinical laboratory, as determined by the Department. Complete Section I. You must answer all questions **in ink** (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **You must sign and date the Affidavit on this form in the presence of a Notary Public.**
2. Submit this application and the appropriate provisional permit fee (\$345 for clinical laboratory technologists; \$245 for certified histological technicians. Non-refundable.) to the Office of the Professions at the address at the end of this form. **Permits cannot be issued until all required documentation has been received and approved.** The provisional permit is valid for a period of one year. The permit may be renewed for one additional year at the discretion of the Department.
3. If you change supervisors or have additional settings or supervisors after a permit is issued, you must obtain an amended permit. Complete a new Form 5N with each prospective supervisor, and submit it to the Office of the Professions at the address at the end of this form. A new fee is not required for a permit issued as a result of a change in supervisor.

Check what provisional permit you are applying for (check one):

- Clinical Laboratory Technologist Provisional Permit **92 \$345 PR** Certified Histological Technician Provisional Permit **91 \$245 PR**

Section I: Applicant Information

1. Social Security Number _____
(Leave this blank if you do not have a U.S. Social Security Number)
2. Birth Date Month Day Year
3. Print Name Last
 First
 Middle
5. Telephone/Email Address
Daytime Phone
 Home or Business

Area Code Phone
Email Address (please print clearly)
 Home or Business
4. 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
6. 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)

7. I am applying for Original Permit (Include appropriate fee) Renewal (Attach justification and Include appropriate fee)
 Additional Setting Additional Supervisor Change of Setting* Change of Supervisor*
*If you are applying for a change of setting or supervisor, please indicate the setting and/or supervisor being cancelled.

8. Name as it appears on degree or other credentials (if different from above) _____

9. Have you previously applied for New York State licensure in any profession licensed under New York State Education Law? Yes No
If "yes", in what profession(s)? _____

10. Do you currently hold national certification in clinical laboratory technology? (check all organizations that apply)
 AAB AABB AMT ASCP Other Identify _____
Note: Contact the certifying body and request that an official verification of your certification is sent to the New York State Education Department, Office of the Professions, Clinical Laboratory Technology Unit, 89 Washington Avenue, Albany, NY 12234.

11. Name of prospective supervising Clinical Laboratory Director _____

12. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes No
13. Are criminal charges pending against you in any court? Yes No
14. Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes No
15. Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No
16. Has any hospital, licensed facility or clinical laboratory restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? Yes No

NOTE: If you answer "Yes" to any questions numbered 12-16, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.

17. 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 3PP must be submitted for each professional license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant instructions on Form 3PP 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

18. **You must complete all information for all schools/colleges/universities attended or your application will be considered incomplete.**
- High School/Secondary School or Equivalency Diploma Issuer** - Please complete the section below with details about your high school/secondary school or equivalency diploma issuer. Attach additional sheets if you attended multiple schools. Any missing information will be considered an incomplete application.

Name of School _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____ Completion date _____

mo. yr. mo. yr. mo. yr.

Postsecondary Education - Please complete the section below with details about your postsecondary education. Use spaces below as needed and attach additional sheets if necessary. Any missing information will be considered an incomplete application.

a. Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____

mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____ Or Still in progress

Date Degree/Diploma/Certificate awarded _____

mo. yr.

b. Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____

mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____ Or Still in progress

Date Degree/Diploma/Certificate awarded _____

mo. yr.

19. Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must certify 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

20. 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 THE [USCIS WEBSITE](#).

21. Gender and Ethnicity (This item is optional)

Information on gender and ethnicity is sought solely to allow the New York State 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 permit.

Gender Male Female

Ethnicity White (not Hispanic)

Black (not Hispanic)

Asian

Hispanic

Native American

22. Affidavit with Acknowledgement (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 permit and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

I also declare and affirm that I will provide only those tests and procedures that I have reason to know that I can perform competently based on education, training, or experience.

Applicant's Signature Date

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed,

personally appeared _____, personally known to me or proved to me on the basis
Applicant name

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's Signature

Notary Stamp

Notary ID number Expiration Date

Section II: Clinical Laboratory Director's Certification of Employment

A provisional permit may be issued to an applicant who has met the requirements of Education Law 8608(2). A permit is valid for one year and may be renewed for one additional year at the discretion of the Department.

Clinical Laboratory Director Instructions: Complete items 1-4, and sign and date the attestation to certify that the applicant will be employed as a clinical laboratory technologist or a certified histological technician by the facility or in the setting described.

1. Name of the applicant _____

2. Name of the Director of the Clinical Laboratory who will supervise the applicant

(Print full name - no initials)

Does the above named director hold a certificate of qualification issued by the NYS Department of Health? Yes No

If "yes", certificate number _____

3. Name of the Facility where the applicant will be employed

Address _____

Telephone _____

Fax _____

Email _____

4. Title under which the applicant will be employed _____

Attestation of Clinical Laboratory Director

I certify that the applicant named in Section I will be employed under my general supervision and that I agree to abide by the conditions stipulated on the permit.

I declare and affirm that the information I provided in the foregoing application is true, complete and correct. I understand that providing false or misleading information in, or in connection with, this certification may be cause for disciplinary action against my license or criminal prosecution.

Clinical Laboratory Director's Signature _____ Date _____

Print Name _____

Title _____

Address _____

Telephone _____ Fax _____

Email _____

If you are submitting an initial Form 5N or renewal, mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201 U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

If you are submitting to change or add a supervisor/setting, mail this form to: New York State Education Department, Office of the Professions, Clinical Laboratory Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000. **No fee is needed for this option.**