

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

**ONLY USE THIS FORM if you currently hold a New York State Limited License for Clinical Laboratory Technologist or Certified Histological Technician.**

**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. **Be sure to sign and date item 10.**
2. Submit this application and the appropriate provisional permit fee (\$345 for clinical laboratory technologists; \$245 for certified histological technicians) 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 5PP with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a permit issued as a result of a change in supervisor.

Check what you are applying for (check one):

Clinical Laboratory Technologist Provisional Permit

Certified Histological Technician Provisional Permit

**Section I: Personal 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. Limited License Number \_\_\_\_\_  Clinical Laboratory Technologist     Certified Histological Technician  
To look up your Clinical Laboratory Technologist or Certified Histological Technician Limited License number, use the online verification function on the Office of the Professions' web site at [www.op.nysed.gov](http://www.op.nysed.gov).

9. Name of prospective supervising Clinical Laboratory Director \_\_\_\_\_

10. I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and certification/licensure and may result in criminal prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 section 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 that 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 \_\_\_\_\_ E-mail \_\_\_\_\_

4. Title under which the applicant will be employed \_\_\_\_\_

### Attestation of Clinical Laboratory Director

I declare and affirm that the information provided in the foregoing certification is true, complete and correct. Any false or misleading information in, or in connection with this certification may be cause for denial of permit and licensure and disciplinary action against my license and may result in criminal prosecution.

\_\_\_\_\_  
Clinical Laboratory Director's Signature

\_\_\_\_\_  
Date

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**If you are applying for an original permit 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 ONLY applying for a change of, or additional 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 U.S.A.. **No fee is needed for this option.**