

# Medicine Form 5A

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
Division of Professional Licensing Services  
www.op.nysed.gov

## Department Use Only

### Application for Limited Permit in Medicine for Applicants Who Have Applied for Licensure in New York State and ALL Limited Permit Renewals

60  \$105  PR

NOTE: This form is only for persons requesting a Limited Permit in Medicine who are also applying for licensure in New York State. If you are **not** seeking licensure but still wish to apply for a Limited Permit, you must complete Form 5B.

Applicants seeking to work under a limited permit in a general hospital. Section 405.4 of the State Hospital Code (Title 10, New York Code, Rules and Regulations) established additional requirements for practice by foreign medical school graduates with limited permits. **Please be sure you have read these requirements carefully before completing the Limited Permit Application. Questions about this requirement may be directed to the New York State Department of Health by calling 518-402-1003.**

Approved \_\_\_\_\_  
Rejected: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Number \_\_\_\_\_

Issued \_\_\_\_\_

Expires \_\_\_\_\_

**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 Full Name**  
Last   
First   
Middle

**5 Telephone/E-Mail Address**

**Daytime Phone**  
       
Area Code Phone Number

**E-Mail Address** (Please print clearly)

**4 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

**6 I Am Applying For:**  
 Original Permit  
 Renewal of Original Permit

**7 Are you using FCVS to collect your credentials?**  
 Yes  No

**8** 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

**9** Are criminal charges pending against you in any court?  YES  NO

**10** 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

**11** Are charges pending against you in any jurisdiction for any sort of professional misconduct?  YES  NO

**12** Has any hospital or licensed facility 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 8-12, 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.

**13 COMPLETE THIS ITEM ONLY IF APPLYING FOR A RENEWAL OF ORIGINAL PERMIT**  
A. During the time period of the original permit, how many times did you attempt any part of the licensing examination sequence? \_\_\_\_\_  
What parts of the examination sequence did you attempt? \_\_\_\_\_  
B. Please provide the basis of your request for renewal of your original permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

**SECTION II: APPLICANT AFFIRMATION**

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 licensure and may result in criminal prosecution.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III: EMPLOYER CERTIFICATION**

I hereby certify that I am the administrator or appointing officer of: \_\_\_\_\_  
(Official name and address of facility)

Which is a:  General Hospital as defined below \*  State operated psychiatric, developmental or alcohol treatment center  
 Nursing Home  Incorporated, non-profit institution for the treatment of the chronically ill licensed under Article 31 of the Mental Hygiene Law

\* According to Section 2801 (10) of the Public Health Law, "General Hospital means a hospital engaged in providing medical and surgical services primarily to in-patients by or under the supervision of a physician on a twenty-four hour basis with provisions for admission of treatment of persons in need of emergency care and with an organized medical staff and nursing services, including facilities providing services relating to particular diseases, injuries, conditions or deformities. The term general hospital shall not include a residential health care facility, public health center, diagnostic center, treatment center, out-patient lodge, dispensary and laboratory or central service facility servicing more than one institution."

I certify that the physician named in this application is being appointed as a member of the staff of this hospital.

The appointment is to be for \_\_\_\_\_ years as a: (please check appropriate title and indicate field of specialty):

Resident  Fellow  Staff physician in \_\_\_\_\_

under the supervision of a licensed physician in New York State. Date to be issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Official \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title of Official \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

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.