

# Registered Physician Assistant Form 1

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 Licensure

Applicants Must Complete All Four Pages Of This Application ***In Ink***

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

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**3 Birth Date** Month 

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 Day 

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 Year 

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**NYS License Number**

**Date Issued**

**4 Print Name**

Last 

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First 

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Middle 

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**Initials**

**6 Telephone/E-Mail Address**

**Daytime Phone:**  Home or  Business

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Area Code Phone Number

**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 

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Line 2 

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Line 3 

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City 

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State 

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 Zip Code 

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Country/Province 

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**E-Mail Address** (Please print clearly):  
 Home or  Business

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

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

**8 Name as it appears on degree or other credentials (if different from above):** \_\_\_\_\_

**9 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

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

**11 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

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

**13 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 9-13, 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.

**14 Have you ever taken the Physician Assistant National Certifying Examination (PANCE)?**  YES  NO

Date of Exam \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Certified \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr. mo. day yr.

**15** In the spaces below, give an accurate record of your educational preparation. **Be sure to complete items A-D for each school.** Please print. Attach additional sheets if necessary.

A. NAME OF SCHOOLS ATTENDED AND LOCATIONS	B. NUMBER OF YEARS ATTENDED	C. ATTENDANCE		D. TITLE OF DIPLOMA OR DEGREE OBTAINED*
		Entrance Date	Leaving Date	
<p><b>High School</b></p> <p>1. _____ School Name</p> <p>_____</p> <p>City _____ State/Country _____</p> <p>2. _____ School Name</p> <p>_____</p> <p>City _____ State/Country _____</p>	B	<p>____/____</p> <p>mo yr</p>	<p>____/____</p> <p>mo yr</p>	D
<p>_____</p> <p>City _____ State/Country _____</p>		<p>____/____</p> <p>mo yr</p>	<p>____/____</p> <p>mo yr</p>	
<p><b>Postsecondary School(s) including preprofessional and professional education programs</b></p> <p>1. _____ School Name</p> <p>_____</p> <p>City _____ State/Country _____</p> <p>2. _____ School Name</p> <p>_____</p> <p>City _____ State/Country _____</p> <p>3. _____ School Name</p> <p>_____</p> <p>City _____ State/Country _____</p>	B	<p>*Note: If your professional school was located outside the U.S., and you have a copy of your degree/diploma in the original language, attach a copy to this form.</p>		D
<p>_____</p> <p>City _____ State/Country _____</p> <p>_____</p> <p>City _____ State/Country _____</p> <p>_____</p> <p>City _____ State/Country _____</p>		<p>____/____</p> <p>mo yr</p>	<p>____/____</p> <p>mo yr</p>	

**16** 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 3 must be submitted for each license/certificate listed.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

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**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

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**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.

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**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

**20 EDUCATION PROGRAM REVIEW**

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes

No

Please initial: \_\_\_\_\_

**21 AFFIDAVIT WITH ACKNOWLEDGMENT** (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 licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Signature of the applicant: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**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  
*Applicant Name*

to me on the basis 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 signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Notary Stamp

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**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.**