

Medical Physicist Form 5

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

APPLICANT INSTRUCTIONS

- You may apply for a limited permit to practice medical physics in New York State if you have not yet taken the licensure examination or met experience requirements, or are a student enrolled in an approved graduate or post graduate medical physics program. A limited permit authorizes you to practice as a medical physicist under the supervision of a currently registered, New York State licensed medical physicist and only in the supervisor's specialty area. When applying for a limited permit, it is the applicant's responsibility to ensure that the prospective supervisor fully completes the Certification of Supervision, Section II.
- Complete Section I in ink and forward the form to your supervisor. Ask your supervisor to complete Section II. Limited permits expire two years from the date of issue. Limited permits may be renewed for a total of six years.
- Submit this application with a check or money order for the required fee of \$60 to the address at the end of this form. Please note: A separate application (Form 5) is needed for each specialty. The permit application cannot be approved until all required documents have been received and approved. The applicant may not begin practice until the limited permit is issued. The limited permit fee is not refundable.
- If you change employment, supervisor or supervised setting after a permit is issued, you must obtain a new permit by completing a new Form 5 with your prospective supervisor, and returning it to the Office of the Professions. A fee is not required for a new permit issued as a result of a change in employment, supervisor or supervised setting.

Limited Permit Number

Date Issued

Date Expires

Initials

1 Indicate which specialty limited permit you are applying for by checking the appropriate box:

- | | | | | |
|---|--------------------------|-----------|-------------|-----------|
| Diagnostic Radiologic Physics | <input type="checkbox"/> | 09 | \$60 | PR |
| Medical Health Physics | <input type="checkbox"/> | 11 | \$60 | PR |
| Medical Nuclear Physics | <input type="checkbox"/> | 12 | \$60 | PR |
| Therapeutic Radiological Physics
(or Radiation Oncology Physics) | <input type="checkbox"/> | 13 | \$60 | PR |

6 Telephone/E-Mail Address

Daytime Phone

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code			Phone Number						

E-Mail Address (Please print clearly)

2 Social Security Number

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3 Birth Date

Month Day Year

4 Print Name

Last

First

Middle

7 I Am Applying For:

- Original permit in this specialty
I am a(n)
 - Employee
 - Student
- Renewal of Original Permit
I am a(n)
 - Employee
 - Student
- Change in:
 - Employer
 - Supervisor
- Additional:
 - Employer
 - Supervisor

5 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

8 Name as it appears on diploma or other credentials if different from above: _____

9 Have you ever filed an application for professional licensure in New York State? YES NO

If Yes, which profession? _____

10 I am currently licensed in New York State in the following medical physics specialty area(s) (check all that apply):

- | | |
|---|------------------|
| <input type="checkbox"/> Diagnostic radiological physics | License #: _____ |
| <input type="checkbox"/> Medical health physics | License #: _____ |
| <input type="checkbox"/> Medical nuclear physics | License #: _____ |
| <input type="checkbox"/> Therapeutic radiological physics (or Radiation oncology physics) | License #: _____ |

11 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>High School/Secondary School</p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>City A 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> <hr style="border-top: 1px dashed black;"/>		D
		<p>mo / yr</p>	<p>C</p> <p>mo / yr</p>	
<p>Preprofessional School(s)</p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>City A State/Country</p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>City A State/Country</p>	B	<p>mo / yr</p>	<p>mo / yr</p>	D
		<p>mo / yr</p>	<p>C</p> <p>mo / yr</p>	
<p>Professional School(s)</p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>City A State/Country</p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>City A State/Country</p>	B	<p>mo / yr</p>	<p>mo / yr</p>	D
		<p>mo / yr</p>	<p>C</p> <p>mo / yr</p>	

12 STUDENT LOAN DISCLOSURE:

The State Education Department is required* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

(a) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation ? Yes No

(b) If you have such a loan(s), is any part in default ? Yes No

*New York State Education Law, Section 6501-a

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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

16 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: _____

17 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 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

SECTION II: SUPERVISOR INFORMATION AND ATTESTATION

Instructions to the Supervisor

- 1. Supervisor information and attestation must be completed for the applicant for each supervisor or employer.
- 2. By completing the information below, the supervisor is certifying that the permittee will be employed under the supervision of a currently registered, New York State licensed medical physicist and that the supervisor agrees to abide by the following terms and conditions stipulated below and on the permit.
 - (a) The applicant may not practice medical physics until the limited permit is issued.
 - (b) The applicant may only practice in the medical physics specialty area the supervisor is currently licensed and registered to practice.
 - (c) A limited permit shall expire two years from the date of issuance and may be renewed at the discretion of the Department.

CERTIFICATION OF SUPERVISION - (To Be Completed By Supervisor)

- 1. Applicant's name: _____
- 2. Specialty: Diagnostic Radiological Medical Health Medical Nuclear Therapeutic Radiological
- 3. The applicant is a(n): employee OR student – currently working as a part of the educational program
- 4. Employer or Graduate Program:
Name: _____
(Enter full name -- no initials)
Street: _____
City: _____ State: _____ Zip code: _____ - _____
Telephone: _____ Fax: _____ E-mail: _____
- 5. If practice site is different from employer or graduate program address (item 4), provide that address also:
Name: _____
Street: _____
City: _____ State: _____ Zip code: _____ - _____
Telephone: _____ Fax: _____ E-mail: _____

ATTESTATION

I certify that the applicant named in Section I will practice under the supervision of a currently registered, New York State licensed medical physicist and that the supervisor agrees to abide by the conditions stipulated above and on the permit.

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 disciplinary action against my license.

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

Print name: _____ Supervisor's N.Y. License No. _____

Title: _____

Specialty area: _____

Supervisor's contact information:

Telephone: _____ Fax: _____ E-mail: _____

If applicant requests more than one employer or supervisor, a separate Form 5 must be completed for each. (Only one limited permit fee is required per specialty.)

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.