

Midwife 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

- 1. You may file an application for a limited permit with or after submitting an application for a license as a midwife in New York State to practice pending receipt of the license.
2. Complete Section I in ink and have your supervisor complete Section II.
3. If you change employment and/or supervising practitioner after a permit is issued, you must obtain a new permit.

1 28 \$70 PR

Permit number

Date issued

Date expires

Initials

6 Telephone/E-Mail Address

Daytime Phone Area Code Phone Number

E-Mail Address (Please print clearly)

7 I am applying for: Original permit, Additional supervisor/employer, Change of supervisor/employer

SECTION I: APPLICANT INFORMATION

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

3 Birth Date Month Day Year

4 Print Name Last First Middle

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 PRACTICE LOCATION(S): (attach additional sheets if necessary) Office/Facility Name: Address:

9 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.

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 licensure and may result in criminal prosecution. Applicant's Signature: Date:

**SECTION II: CERTIFICATION OF SUPERVISOR**

**INSTRUCTIONS TO THE SUPERVISOR**

1. A limited permit shall expire one year from the date of issuance. The applicant may not practice as a midwife until the limited permit is issued.
2. Complete Section II and sign the attestation below.

1. Applicant's name: \_\_\_\_\_  
(Please print)

2. Employer:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Direct supervision will be provided by: *(complete as appropriate)*

A midwife licensed and currently registered to practice in New York State

Name: \_\_\_\_\_ N.Y. License No. \_\_\_\_\_  
(Please print)

A physician licensed and currently registered to practice in New York State who:

(a) Is Board certified in obstetrics and gynecology; or

(b) Has obstetrical privileges at \_\_\_\_\_ or \_\_\_\_\_

Name: \_\_\_\_\_ N.Y. License No. \_\_\_\_\_  
(Please print)

Both of the above

**4. ATTESTATION**

**I certify that the applicant named in Section I will be employed under the supervision of a New York State licensed and currently registered midwife or physician and that I agree to abide by the conditions stipulated on the permit.**

**I further declare and affirm that the statements made in the foregoing certification are true, complete and correct. Any false or misleading information in, or in connection with this certification would be professional misconduct and may be cause for disciplinary action against my professional license.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Applicant's supervisor named in item 3 above) mo. day yr.

**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.**