



**Section II: Certification of Supervision**

**Instructions to Supervisor** - Complete Section II. Be sure to sign and date item 6. A temporary practice permit expires six months from the date of issuance or until 10 days after notification from the Department to the applicant that they do not meet the qualifications for licensure.

1. **Permittee's name** \_\_\_\_\_  
(Section I, item 3)

2. **To be employed as** \_\_\_\_\_  
(Profession)

3. **Employer**

Full Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

4. **Practice Site (if the different from the employer's address in item 3)**

Full Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

5. **Attestation by Licensed Supervisor**

By completing the information in Section II and signing this attestation, I am certifying that the permittee will be employed under my supervision and that I am a currently registered New York State licensee and authorized under Title VIII of the Education Law to supervise the permittee.

I declare that the statements made in Section II are 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 \_\_\_\_\_  
*Licensed Supervisor*

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

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

Title \_\_\_\_\_

New York State Profession \_\_\_\_\_

New York State Professional License Number \_\_\_\_\_

Mail this form to New York State Education Department, Office of the Professions, \_\_\_\_\_ Unit,  
89 Washington Avenue, Albany, NY 12234-1000 (Profession from Section I, Item 1)