Massage Therapist 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 not engage in private practice if you hold a limited permit. You must be employed by a licensed massage therapist or by an entity authorized to practice massage therapy that engages a licensed massage therapist to provide personal, on-site supervision.

1. **You may file an application for a limited permit with or after submitting an Application for Licensure (Form 1) and fee as a massage therapist in New York State to practice pending receipt of the license.**
2. Complete Section I in ink. Be sure to sign and date item 10 on page 2. **Note:** Once limited permits are issued, they may not be adjusted. You should be certain you are ready to begin practice when you apply for the limited permit. Forward to your supervisor to complete Section II.
3. Submit the completed application and a $35 fee to the address at the end of this form. If you have not yet filed an Application for Licensure (Form 1) and the $108 fee, you **must submit them with this form and the limited permit fee**. Your permit cannot be issued until we receive and approve all required documentation. You may not begin practice until your limited permit is issued.
4. If you change employment after a permit is issued, you must obtain a new permit and, with each prospective employer, complete a new form 5 and return it to the Office of the Professions. A new fee is not required for a permit issued as a result of a change in employment. The original permit must be signed/dated on the back and returned to the Department.

1 | 27 | $35 | PR

NYS Permit Number

Date Issued

Date Expires

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 Your Name Exactly As It Appears On Your Licensure Application (Form 1)**

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

6 **Telephone/E-Mail Address**

Daytime Phone

Area Code Phone Number

E-Mail Address (Please print clearly)

7 **I am applying for:**

- ☐ Additional supervisor/site
- ☐ New supervisor/site

8 **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.

9 **Employers Name:** _____

10 **Affidavit**: 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 *mo.* *day* *yr.*

NOTICE TO APPLICANTS FOR LIMITED PERMIT AUTHORIZING THE PRACTICE OF MASSAGE THERAPY

78.3 Limited Permits. The Department may issue a limited permit in massage therapy as provided in section 7806 of the Education Law to applicants who are eligible for the licensing examination and who have not previously failed such examination.

(a) The limited permit is valid for no more than 12 months or until the results of the next licensing examination for which the applicant is eligible are officially available. It is not renewable.

(b) Personal supervision, as used in section 7806(3) of the Education Law, shall mean that a supervising massage therapist shall be present on the premises at all times when professional services are being rendered by the holder of the limited permit, and shall exercise that degree of supervision appropriate to the circumstances.

SECTION II: CERTIFICATION OF SUPERVISING MASSAGE THERAPIST

INSTRUCTIONS TO THE SUPERVISOR

1. Complete this section and be sure to sign and date the attestation. The supervisor is certifying that the permittee named in Section I will practice under the supervision of a New York State licensed, currently registered massage therapist.
2. The applicant may not practice until the limited permit is issued.
3. The limited permit cannot be issued until the applicant's education has been approved, and shall expire one year from the date of issuance or until notification of the results of the next licensing examination for which the applicant is eligible. It is not renewable.

1. Name of supervising massage therapist: _____

2. License number: _____

3. Office address: _____
Street *City* *State* *Zip code*

4. Telephone number: (_____) _____ Fax: _____

   E-mail: _____

5. Is this the only location in which the permittee will practice? ☐ **YES** ☐ **NO**
   If no, please indicate additional practice sites:

   _____

   _____

6. Are there any other massage therapy permittees working under your supervision? ☐ **YES** ☐ **NO**

   If so, how many? _____

   What are their names? _____

   _____

ATTESTATION

I 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 may be cause for denial of permit and licensure and may result in criminal prosecution.

_____ _____
Signature *Date*

_____
Title

_____
Print name

RETURN DIRECTLY TO: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201.