22/10

OFFICE OF THE PROFESSIONS
NEW YORK STATE EDUCATION DEPARTMENT

NURSING
LICENSING APPLICATION PACKET

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

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FOR FUTURE REFERENCE

IN THE EVENT OF AN EMERGENCY that impacts the licensed professions, the Office of the Professions will provide important information, specific to the situation, through our **Web site** (www.op.nysed.gov), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).

WAYS TO REACH US...

⇒ GENERAL CUSTOMER SERVICE

The Office of the Professions has an automated customer service system that allows callers **to verify licenses, request information, and hear automated messages 24 hours a day**. The number is 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at op4info@mail.nysed.gov.

⇒ ON THE WORLD WIDE WEB

Information about the Office of the Professions and the 50 licensed professions, including information on all licensees, is available on our home page at:

www.op.nysed.gov

⇒ LICENSE APPLICATION STATUS

Find out **the status of your license application** by checking our Web site where your name is added immediately after a license number is issued, or contact:

NYS Education Department, Office of the Professions, Division of Professional Licensing Services
Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000
PHONE: 518-474-3817 ext. 280 FAX: 518-474-3398 E-MAIL: opunit4@mail.nysed.gov
Please include your name, social security number, date of birth, and the name of the profession.

⇒ PRACTICE ISSUES

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions, **State Board for Nursing**
89 Washington Avenue, Albany, NY 12234-1000
PHONE: 518-474-3817 ext. 120 FAX: 518-474-3706 E-MAIL: nursebd@mail.nysed.gov

OTHER IMPORTANT CONTACT INFORMATION …

VERIFICATION OF EDUCATION CREDENTIALS FROM FOREIGN OR NON-APPROVED PROGRAMS

To obtain an application for the required credentials verification of education completed outside the United States, contact:

The Commission on Graduates of Foreign Nursing Schools (CGFNS)
PO Box 8628, Philadelphia, PA 19101-8628
PHONE: 215-349-8767 FAX: 215-349-0026
E-MAIL: empire@cgfns.org WEB: www.cgfns.org

LICENSING EXAMINATION

Answers to your questions regarding examination content, program codes, fees, etc. can be found at Pearson VUE's Web site at www.vue.com/nclex or by calling 1-866-496-2539.

VERIFICATION OF NURSE LICENSURE IN ANOTHER STATE

If you are licensed as a nurse in another state, you must provide the New York State Education Department with verification of that licensure. The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for a majority of states through their Nurse System (Nursys). You can check to see if the state(s) where you are licensed as a nurse participates in Nursys by visiting their Web site at www.nursys.com or by calling them at 1-866-819-1700.

If the state(s) where you are licensed as a nurse participates in Nursys, you must request verification of your licensure from Nursys, not the state(s). If your state(s) of licensure does (do) not appear on the Nursys list, you must use the Verification of Other Professional Licensure/Certification form (Form 3) in this packet to verify your licensure to New York State.

Please note, if you hold any other professional licenses in states other than New York, you must also use Form 3 to verify that licensure to New York State.

GENERAL LICENSING INFORMATION

Please read this general licensing information before proceeding to the detailed instructions for your profession.

INTRODUCTION

A professional license is the authorization to practice and use a professional title in New York State. Your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. This application packet contains the forms and instructions you need to apply for a license.

LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at www.op.nysed.gov or by calling our telephone verification service at 518-474-3817. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send you a renewal application to the name and address we have on file (see the "Address or Name Changes" section on next page), at least four months before your registration expires.

VERIFYING YOUR CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement be sent **directly** to us from the organization where you met the requirement (e.g., school, testing agency, licensing authority, certifying board, hospital, employer, etc.). These records and documents must bear an original (**not photocopied**) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. The Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. While this may delay licensure in some cases, it is a necessary step to ensure the protection of the public.

You are responsible for asking organizations to complete and directly submit to us the documentation you need. Keep a record of your verification requests.

NOTE: Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.

ADDRESS OR NAME CHANGES

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

For address changes you may phone, fax or e-mail:

Phone:	518-474-3817 ext. 280 TDD/TTY 518-473-1426
Fax:	518-474-3398
E-mail:	opunit4@mail.nysed.gov

For name changes a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions
Division of Professional Licensing Services
Nurse Unit
89 Washington Avenue
Albany, NY 12234-1000

NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license. You may use the Address/Name Change Form located in the back of this packet or print a copy from our Web site at www.op.nysed.gov/documents/anchange.pdf to notify the Department of a change in your address or name.

PROFESSIONAL CONDUCT

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession.

Title 8 of the NYS Education Law is available on our Web site at www.op.nysed.gov/title8.htm

Part 29 of the Rules of the Board of Regents is available on our Web site at www.op.nysed.gov/part29.htm

Copies of the relevant sections of the NYS Education Law, Rules of the Board of Regents, and the Commissioner's Regulations are available upon request from opforms@mail.nysed.gov or 518-474-3817 ext. 320.

You will receive more information on professional practice when you receive your license and first registration.

RECORDS RETENTION AND DISPOSITION STATEMENT

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

DISCLOSURE OF SOCIAL SECURITY NUMBERS

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

APPLYING FOR A LICENSE IN NURSING

GENERAL REQUIREMENTS

The practice of nursing or use of "Registered Professional Nurse" (RN) or "Licensed Practical Nurse" (LPN) titles within New York State requires licensure.

To be licensed as a registered professional nurse in New York State you must:

- be of good moral character;
- be at least eighteen years of age;
- meet education requirements;
- complete coursework or training in the identification and reporting of child abuse offered by a New York State approved provider; and
- meet examination requirements.

To be licensed as a licensed practical nurse in New York State you must:

- be of good moral character;
- be at least seventeen years of age;
- be a high school graduate or the equivalent;
- meet education requirements; and
- meet examination requirements.

You must file an application for licensure and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.**

The specific requirements for licensure are contained in Title 8, Article 139, Sections 6905 and 6906 of New York State Education Law and Part 64 of the Regulations of the Commissioner of Education. The Law and Regulations are available on our Web site at www.op.nysed.gov/prof/nurse/.

FEES (fees listed are those in effect at the time this application was printed)

The fee for licensure and first registration is $143.

The fee for a limited permit is $35.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. **Your cancelled check is your receipt.**
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the Application for Licensure (Form 1).**

PLEASE NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Nurse Unit by e-mailing opunit4@mail.nysed.gov or by calling 518-474-3817 ext. 280 or by faxing 518-474-3398.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure and registration fees and meet the licensure requirements in place at the time you reapply.

EDUCATION REQUIREMENTS

Don't let friends, colleagues or yourself lose money, time or energy by applying to a fraudulent nursing school. Before a tuition payment is processed, **make certain** that the program **is recognized by the State Education Department**. Lists of approved LPN and RN programs can be found on our Web site at www.op.nysed.gov/prof/nurse/nurseprogs.htm. Avoid a costly mistake and make sure your educational institution is an approved program of nursing study before you enroll.

If you seek to meet the education requirement for an RN or LPN license with a program you completed outside the United States, your educational credentials must be verified by an independent credentials verification organization. See "Verifying Education Credentials From Non-U.S. Programs" on page 7 for further instructions.

REGISTERED PROFESSIONAL NURSING

To meet the professional education requirement for licensure as a registered professional nurse, you must present satisfactory evidence of having received at least a two-year degree or diploma from a program in **general** professional nursing that is acceptable to the Department. To be acceptable to the Department, the program must be either:

- registered as licensure qualifying by the New York State Education Department; **or**
- approved by the licensing authority or appropriate governmental agency in the jurisdiction where the school is located as preparation for practice as a registered professional nurse.

In addition to the professional education requirement, every applicant for licensure or limited permit as a registered professional nurse must complete coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law. Graduates of New York State registered nursing programs after September 1, 1990 complete this coursework in their nursing program and are not required to submit additional proof. All other applicants must submit a certificate of completion from an approved provider or file a certification of exemption before a New York State license or permit can be issued. Additional information and a list of approved providers are available on our Web site at www.op.nysed.gov/training/camemo.htm. You may be eligible for exemption from the training if you can document, to the satisfaction of the Department, that your practice does not involve professional contact with persons under the age of 18 and that you do not have contact with persons 18 or older with a handicapping condition who reside in a residential care school or facility. An exemption form (Form 1CE) is included in this application packet.

Every registered professional nurse must also complete approved coursework or training appropriate to the professional's practice in infection control and barrier precautions, including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis b virus (HBV) in the course of professional practice. Graduates from New York State nursing programs after September 1, 1993 are credited with having completed this coursework as part of their nursing program. All other applicants must submit an attestation of compliance with or exemption from the infection control coursework requirement (Form 1IC) within 90 days of your date of licensure. Form 1IC will be sent to you along with your license. Additional information and a list of approved providers are available on our Web site at www.op.nysed.gov/training/icmemo.htm.

LICENSED PRACTICAL NURSING

To meet the professional education requirement for licensure as a licensed practical nurse, you must have completed high school or the equivalent, and present satisfactory evidence of either a, b, or c below.

a. graduation from at least a nine-month program in practical nursing registered by the New York State Education Department as licensure qualifying or recognized as preparatory for practice as a licensed practical nurse by the licensing authority or appropriate governmental agency in the jurisdiction where the school is located; **or**

b. completion of at least a nine-month program of study that is satisfactory to the New York State Education Department in a program conducted by the armed forces of the United States; **or**

c. graduation from an approved program in **general** professional nursing.

In addition to the professional education requirement, every licensed practical nurse must complete approved coursework or training appropriate to the professional's practice in infection control and barrier precautions**,** including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis b virus (HBV) in the course of professional practice. Graduates from New York State nursing programs after September 1, 1993 are credited with having completed this coursework as part of their nursing program. All other applicants must submit an attestation of compliance with or exemption from the infection control coursework requirement (Form 1IC) within 90 days of your date of licensure. Form 1IC and additional information, including a list of approved providers are available on our Web site at www.op.nysed.gov/training/icmemo.htm.

Verifying Education Credentials From Non-U.S. Programs

Applicants who have completed LPN or RN education outside of the US must have their education credentials verified by the Commission on Graduates of Foreign Nursing Schools (CGFNS). Such applicants should contact CGFNS at www.cgfns.org for the application and instructions to complete the CGFNS Credential Verification Service for New York State. Please note that this verification process is not the same as CGFNS' Certification Program (which is required for registered nurse applicants applying for limited permits). The CGFNS Credentials Verification Service for New York State licensure applicants is a process for verifying the authenticity of education credentials. The CGFNS Credentials Verification Service for New York State does not indicate approval by the New York State Education Department of the content of education. After education credentials are verified by CGFNS, they are then forwarded to and evaluated by the New York State Education Department.

You will be advised in writing of the results of the New York State Education Department's evaluation of your education. In addition, the licensing examination administrator will be notified if you are eligible for the examination.

Contact CGFNS at:

The Commission on Graduates of Foreign Nursing Schools (CGFNS)
PO Box 8628
Philadelphia, PA 19101-8628
Phone 215-349-8767
Fax 215-349-0026
Web www.cgfns.org

EXAMINATION REQUIREMENTS

To meet the examination requirements for licensure as a registered professional nurse and/or licensed practical nurse, you must successfully complete the NCLEX examination developed by the National Council of State Boards of Nursing (NCSBN) and administered by Pearson VUE. For those applicants applying for licensure based upon licensure in another jurisdiction, scores from the State Board Test Pool (SBTP) examination and NCLEX may be accepted for licensure. The licensing

authority in the jurisdiction in which you took the examination (see instructions for Form 3 on page 12) or Nursys (see Verification of Nurse Licensure in Another State on page ii) must verify acceptable scores on the examination(s) directly to the Office of the Professions.

To qualify to take either the NCLEX-RN examination or the NCLEX-PN examination, you must:

1. Submit an Application for Licensure (Form 1) and the $143 licensure and first registration fee to the New York State Education Department.
2. Ask your school to verify your education directly to the New York State Education Department on Form 2 (New York State programs completed prior to 4/1/98 or other U.S. programs), or Form 2AF (for graduates who are applying for an LPN license based on completion of equivalent education in a program conducted by the U.S. armed forces) or have your educational credentials verified by CGFNS (non-U.S. programs).
3. Register directly with Pearson VUE to take the NCLEX examination. To register for the examination, you will need the program code for your nursing education program that is listed in the NCLEX Candidate Bulletin. The NCLEX Candidate Bulletin and additional information regarding the examination are available on the Web at www.vue.com/nclex or ncsbn.org/nclex.htm. You may register for the examination online at www.vue.com/nclex or by calling Pearson VUE at 1-866-496-2539*

   *If you are a graduate of a New York State nursing program, or an approved nursing program in the U.S., you may apply for the examination at any time after submitting all the items in 1 and 2 above. If you are a non-U.S. nursing program graduate, you may only apply for the examination after receiving a letter from the New York State Education Department notifying you that your education has been approved and you are now eligible to sit for the examination.

REASONABLE TESTING ACCOMMODATIONS

If you have a disability and may require reasonable testing accommodations for the examination, you must complete and submit a Request for Reasonable Testing Accommodations form. This form is available on our Web site at www.op.nysed.gov/documents/pls1ra.pdf. You must mail the Request for Reasonable Testing Accommodations form to the address printed on that form, along with the required documentation. You will be notified in writing as to whether or not your request for accommodations has been approved. A copy of your accommodation approval must be attached to your NCLEX examination registration form. You may not test until your request for accommodations has been processed by the Department. If you schedule a test before your request for accommodations has been processed, you may lose any fee paid to the examination administrator. Please be sure to check the box in item 8 of your Application for Licensure (Form 1) if you are requesting accommodations.

LIMITED PERMITS

Note: If you have ever taken the NCLEX-PN examination, you are not eligible for an LPN limited permit. If you have ever taken the NCLEX-RN examination, you are not eligible for an RN limited permit.

A limited permit authorizes an individual who has met all requirements for licensure as a registered professional nurse (RN) or a licensed practical nurse (LPN) except the licensing examination to practice as an RN or LPN provided that the individual is under the immediate and personal supervision of a licensed, currently registered, professional nurse, with the endorsement of the employer. To be eligible for a limited permit, you must:

- submit an Application for Licensure (Form 1) and the $143 licensure and first registration fee;
- ask your school to verify your education directly to the New York State Education Department on Form 2 (New York State programs completed prior to 4/1/98 or other approved U.S. programs), or Form 2AF (for graduates who are applying for an LPN license based on completion of equivalent education in a program conducted by the U.S. armed forces) or have your educational credentials verified by CGFNS (non-U.S. programs).
- for an RN permit, submit proof of completion of coursework or training in the identification and reporting of child abuse offered by a New York State approved provider; and
- be at least 18 (RN) or 17 (LPN) years of age and be of good moral character.

You may submit an Application for Limited Permit (Form 5) at the same time or any time after you submit your Application for Licensure (Form 1). The fee for a limited permit is $35. A limited permit is valid for one year from date of issue or until ten days after the applicant is notified of failure on the licensing examination, whichever occurs first. The "starting date" cannot be changed once a limited permit is issued. If you change employment or have additional employers after your permit is issued, you must obtain a new permit. You need to have your prospective employer complete and return a new Application for Limited Permit (Form 5) to the Office of the Professions at the address on the form. A new fee is not required.

You must be employed by the facility in which you are working. You may not be employed by a third party.

Non-U.S. educated applicants seeking a limited permit as a registered professional nurse must also have their credentials verified by an independent credentials verification organization (see "Verifying Education Credentials From Non-U.S. Programs" on page 7) and document successful completion of the Commission on Graduates of Foreign Nursing Schools (CGFNS) Certification program (the CGFNS examination and the Test of English as a Foreign Language); or a score of not less than 400 on the Canadian Nurses Association Test (CNATS) given in English. Non-U.S. educated LPN limited permit applicants also need to have their credentials verified by an independent credentials verification organization (see page 7) but are **not** required to complete the CGFNS Certification program.

CNATS scores should be sent to the Office of the Professions directly by the nurse licensing authority of the province in which the examination was taken. Information about the CGFNS examination and its certification program, including the cost, is available from:

CGFNS
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Telephone: 215-349-8767
E-mail: support@cgfns.org or info@cgfns.org

Please note that CGFNS certification is different from the verification of foreign education credentials required of all graduates of non-U.S. programs. CGFNS certification requires passing of examination(s) in addition to the verification of educational credentials. **Use the address above only for CGFNS certification program information.**

Practice Exemption:

New graduates of New York State nursing education programs registered by the New York State Education Department as licensure qualifying may be employed for 90 days immediately following graduation without holding a limited permit. To be eligible to practice within those 90 days, you must have graduated from your nursing program, submitted the Application for Licensure (Form 1), the Application for Limited Permit (Form 5), and paid the required fees. While practicing during those 90 days, you must be supervised by a registered professional nurse who is currently licensed and registered to practice in New York State. It is possible you may not receive the limited permit before your license is issued but submitting the Form 5 and permit fee allows you to practice during the 90 days. If you do receive the permit, give your employer the employer's copy for their records.

NURSES LICENSED IN ANOTHER STATE

If you are licensed as a nurse in another state, you must provide the New York State Education Department with verification of that licensure. The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for a majority of states through their Nurse System (Nursys). You can check to see if the state(s) where you are licensed as a nurse participates in Nursys by visiting their Web site at www.nursys.com or by calling them at 1-866-819-1700.

If the state(s) where you are licensed as a nurse participates in Nursys, you must request verification of your licensure from Nursys, not the state(s).

If your state(s) of licensure does (do) not appear on the Nursys list, you must use the Verification of Other Professional Licensure/Certification form (Form 3) to verify your licensure to New York State.

Please note, if you hold any other professional licenses in states other than New York, you must also use Form 3 to verify that licensure to New York State.

COMPLETING THE APPLICATION FORMS

for Nursing

INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms.

FORM 1 - APPLICATION FOR LICENSURE

All applicants for licensure must complete this form and submit it with the $143 licensure and first registration fee directly to the Office of the Professions at the mailing address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.**

You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Your signature on Form 1 must be notarized by a Notary Public.** Upon receipt of your application, we will send you an acknowledgement letter.

If you are applying for licensure as a licensed practical nurse, you must submit a copy of your high school or secondary school diploma or transcript in the original language with your Form 1.

If you were educated outside the U.S., submit a copy of your nursing diploma in the original language.

FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION (If applicable)

This form must be submitted directly by the nursing school. The Office of the Professions will not accept this form if submitted by the applicant.

- **If you graduated after April 1, 1998 from a New York State licensure qualifying program registered by the State Education Department**, your school will notify us of your educational qualifications. **You do not have to submit Form 2.**
- **If you completed a New York State licensure qualifying program prior to April 1, 1998**, **or obtained your education in the United States but <u>not</u> in New York State**, complete Section I of Form 2 and forward the entire form to your school of nursing to complete and submit directly to the State Education Department.
- **If your education was obtained in another country, do <u>not</u> use Form 2.** You must have your educational credentials verified by CGFNS, an independent credentials verification organization, <u>before</u> the New York State Education Department can determine if your credentials meet New York State's requirements for licensure. See "Verifying Education Credentials From Non-U.S. Programs" on page 7. Contact CGFNS for the forms and procedures for the independent verification of your education credentials (see page ii for contact information).

FORM 2AF - CERTIFICATION OF EQUIVALENT U.S. ARMED FORCES EDUCATION FOR LPN LICENSURE

Complete this form ONLY if you are applying for an LPN license based on completion of equivalent education in a program conducted by the U.S. armed forces.

The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section of the form and forward the entire form to the U.S. armed forces program to complete and submit directly to the Office of the Professions at the mailing address on the form.

Section II: The U.S. armed forces program must complete this section, sign, date and return both pages of the form directly to the Office of the Professions with an official transcript in a sealed armed forces envelope.

FORM 3 – VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

Complete this form if you hold, or have ever held, a license or certificate to practice any profession* in any jurisdiction. For additional information on verifying nurse licensure, see Verification of Nurse Licensure in Another State on page ii.

This form must be submitted directly by the licensing/certifying authority. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to the licensing/certifying authority of each jurisdiction in which you are or have been licensed/certified. Be sure to sign and date item 9.

Section II: The licensing/certifying authority must complete this section, sign, date and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

Note: A Form 3 is not required for licenses/certificates issued by the New York State Education Department.

*Profession is defined as professional titles licensed under New York State Education Law. (See page 2 of the Address/Name Change Form for a list of those titles.)

FORM 5 - APPLICATION FOR LIMITED PERMIT

Section I: If you are applying for a limited permit, complete this section before asking your prospective employer to complete Section II.

Section II: Ask your prospective employer to complete this section.

You may apply for a limited permit either at the same time as or after submitting an Application for Licensure (Form 1) and the licensure fee of $143. If you have not yet filed a Form 1 and the licensure fee, you must submit them with the Form 5 and the limited permit fee of $35.

Return all 3 pages of the completed form with the $35 fee to the Office of the Professions at the address at the end of the form. **You must meet all requirements for licensure, except the examination requirement, to be eligible for a limited permit.** RN applicants - If you did not complete the required coursework or training in the identification and reporting of child abuse as part of a New York State educational program, you must submit a certificate of completion from an approved provider or a Certification of Exemption (Form 1CE).

Completing Additional Forms

FORM 1CE – CHILD ABUSE CERTIFICATION OF EXEMPTION FORM

This form is not for all applicants. Use this form only if you are applying for an exemption to the requirement to complete training or coursework in the identification of child abuse and maltreatment because the nature of your practice excludes contact with persons under the age of 18 and persons 18 or older with a handicapping condition who reside in a residential care school or facility.

FORM AD/NAME – ADDRESS/NAME CHANGE FORM

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.

NURSING SUMMARY OF REQUIREMENTS *"AT A GLANCE"*

for Graduates of *New York State Registered* and *Approved Programs* in the United States

LPN Applicants			
Required Forms and Fees	**Path to Licensure and Practice**		
	Licensure by NCLEX Examination	**Licensure Based Upon Licensure in Another Jurisdiction**	**Limited Permit**
FORM 1 and fee (see fee information on page 5)	√	√	√
NCLEX Exam Registration Form and fee	√		
Copy of High School/GED Diploma	√	√	√
FORM 2*	√	√	√
FORM 2AF	**Only for applicants applying for licensure based on completion of equivalent education in a program conducted by the U.S. armed forces**.		
FORM 3**	√	√	√
FORM 5 and fee (see fee information on page 5)			√

RN Applicants			
Required Forms and Fees	**Path to Licensure and Practice**		
	Licensure by NCLEX Examination	**Licensure Based Upon Licensure in Another Jurisdiction**	**Limited Permit**
FORM 1 and fee (see fee information on page 5)	√	√	√
NCLEX Exam Registration Form and fee	√		
FORM 2*	√	√	√
FORM 3**	√	√	√
FORM 5 and fee (see fee information on page 5)			√
Certificate of completion of coursework in the identification and reporting of child abuse or Certification of Exemption (Form 1 CE)***	√	√	√

NOTES

* Graduates of NYS licensure qualifying nursing education programs **after April 1, 1998** do not need to send this form. Verification of education is sent directly from your school to the State Education Department.

**A Form 3 must be submitted for all professional licenses/certificates you ever held.

*** Graduates of NYS licensure qualifying nursing education programs **after September 1, 1990** have completed this coursework and are not required to submit proof.

NURSING SUMMARY OF REQUIREMENTS *"AT A GLANCE"*

for Graduates of Non-U.S. Programs

LPN and RN Applicants			
Required Forms And Fees	**Path to Licensure and Practice**		
	Licensure by NCLEX Examination	**Licensure Based Upon Licensure in Another Jurisdiction**	**Limited Permit**
FORM 1 and fee (see fee information on page 5)	√	√	√
Copy of High School/Secondary School/GED Diploma or Transcript or Copy of Nursing Diploma in the Original Language	√ (LPN Only)	√ (LPN Only)	√ (LPN Only)
Verification of Education by CGFNS	√	√	√
FORM 3*	√	√	√
FORM 5 and fee (see fee information on page 5)			√
NCLEX Exam Registration Form and fee	√		
Proficiency Examination (CGFNS or CNATS - English version)			√ (RN Only)
Certificate of completion of coursework in the identification and reporting of child abuse or Certification of Exemption (Form 1 CE)**	√ (RN Only)	√ (RN Only)	√ (RN Only)

NOTES

***A Form 3 must be submitted for all professional licenses/certificates you ever held.**
****Only registered professional nurse applicants must complete coursework in child abuse identification and reporting. (See Education Requirements.)**

NURSE

APPLICANT CHECKLIST

Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. You should keep a copy of all application forms submitted.

CHECK (✓) AND DATE EACH STEP WHEN COMPLETED.

_____ 1. Have you completed and sent the following to the Office of the Professions?

_____ A. FORM 1 - APPLICATION FOR LICENSURE

_____ B. FEE ($143) - FOR LICENSURE AND FIRST REGISTRATION

_____ C. FORM 5 and FEE ($35) - APPLICATION FOR LIMITED PERMIT (*if applicable)*

_____ 2. Have you completed and forwarded the following forms to the appropriate institution(s)? Keep copies of the requests so that you may check with them to be sure they have submitted the information.

_____ A1. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

Sent to the following educational institutions: Date sent

_____ _____

_____ _____

-OR –

_____ A2. CGFNS VERIFICATION OF AUTHENTICITY OF EDUCATION CREDENTIALS (for Non-U.S. educated applicants see "Verifying Education Credentials From Non-U.S. Programs" on page 7)

CGFNS
P.O. Box 8628
Philadelphia, PA 19101-8628

Date sent

_____

-OR –

_____ B. FORM 2AF - CERTIFICATION OF EQUIVALENT U.S. ARMED FORCES EDUCATION FOR LPN LICENSURE (*if applicable*)

Sent to: Date sent

_____ _____

-AND –

_____ C. FORM 3 – VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION (*if applicable*)

Sent to: Date sent

_____ _____

_____ _____

TO SPEED PROCESSING OF YOUR APPLICATION:

- **Submit your application for licensure in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.**
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.

Nurse 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***

All applicants for licensure must complete this form and submit it with the appropriate licensure and registration fee ($143) directly to the Office of the Professions at the address at the end of this form. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. Your signature on Form 1 **must** be notarized by a Notary Public.

1 **Check what you are applying for:**

☐ **Registered Nurse License**	22	$143	ER
☐ **Licensed Practical Nurse License**	10	$143	ER

LPN Applicants: Be sure to attach a copy of your High School or GED Diploma.

NYS License Number

Date Issued

Initials

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

6 **Telephone/E-Mail Address**

Daytime Phone

Area Code Phone Number

E-Mail Address (Please print clearly)

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

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

8 **REASONABLE TESTING ACCOMMODATIONS FOR INDIVIDUALS WITH DISABILITIES. (Check if applicable)**

☐ I have been diagnosed as having a disability and require special testing accommodations and am submitting the **Request for Reasonable Testing Accommodations** form to the address at the end of the form. I understand that I will not be able to test until I submit the appropriate documentation and am approved to test with accommodations. (See Examination Section of the Licensing Application Packet for information on obtaining the form.)

9 Name as it appears on degree or other credentials (if different from above): _____

10 Have you previously applied for New York State licensure in any profession? ☐ Yes ☐ No

If "yes," in what profession(s)? _____

11 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

12 Are criminal charges pending against you in any court? ☐ Yes ☐ No

13 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

14 Are charges pending against you in any jurisdiction for any sort of professional misconduct? ☐ Yes ☐ No

15 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 11-15, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Conviction. 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.

16 Print Name exactly as you will list it on your NCLEX Examination Registration form. **(This name must match the I.D. you bring to the examination.)**

Last: _____ First: _____ Middle: _____

17 If you have ever taken the SBTP, NCLEX, or a state-constructed examination for licensure as either a Registered Professional Nurse or a Licensed Practical Nurse in the United States or its territories (except New York State), complete the following:

State or Territory*	Profession(s)	SBTP, NCLEX or State-Constructed Examination		License Number, If Granted
		Date	Examination	

*If you took the NCLEX or SBTP Examination, send Form 3 to the state in which you passed the licensing examination or request verification from Nursys.

18 Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

Name of Elementary or Primary School: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Completion date: _____ / _____ / _____
mo. day yr.

Name of High School/Secondary School or GED Diploma Issuer: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____
mo. day yr.

LPN Applicants: Be sure to attach a copy of your High School or GED Diploma.

Nursing Program:

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____ OR ☐ still in progress

Other Postsecondary Education:

1. Name of School: _____

   City: _____ State/Province: _____ Country: _____

   Major/Concentration: _____

   Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
   mo. day yr. mo. day yr.

   Title of Degree/Diploma/Certificate awarded (in the original language): _____

2. Name of School: _____

   City: _____ State/Province: _____ Country: _____

   Major/Concentration: _____

   Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
   mo. day yr. mo. day yr.

   Title of Degree/Diploma/Certificate awarded (in the original language): _____

19 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 professional license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

*Profession is defined as professional titles licensed under New York State Education Law.

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

20 **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

21 **CITIZENSHIP/IMMIGRATION STATUS**

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, 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 do not reside in the United States.

If you checked any of the boxes from B-H, 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.

22 CHILD ABUSE IDENTIFICATION AND REPORTING COURSEWORK REQUIREMENT – RN Applicants Only (check one):

- ☐ I graduated from a NYS registered nursing program after September 1, 1990 and completed the coursework during my studies.
- ☐ I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider.
- ☐ I completed the child abuse coursework online and the approved provider will report that to you electronically.
- ☐ I am filing for an exemption to the requirement and have enclosed the Certification of Exemption (Form 1CE*).

*Form 1CE is available on the Office of the Professions' Web site at www.op.nysed.gov/documents/form1ce.pdf.

23 INFECTION CONTROL TRAINING REQUIREMENT (check one):

- ☐ I graduated from a NYS registered nursing program after September 1, 1993 and completed the infection control training during my studies.
- ☐ I completed the infection control training and have enclosed a certificate of completion from an approved provider.
- ☐ I completed the infection control training online and the approved provider will report that to you electronically.
- ☐ I am filing for an exemption to the requirement and have enclosed an Attestation of Infection Control Training (Form 1IC*).

*Form 1IC is available on the Office of the Professions' Web site at www.op.nysed.gov/documents/form1ic.pdf.

24 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: _____

25 GENDER AND ETHNICITY: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the New York State 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

26 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.

Applicant's signature _____ Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, 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's 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.

Nurse Form 2 (Check one)

☐ **Registered Professional Nurse**

☐ **Licensed Practical Nurse**

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

CERTIFICATION OF PROFESSIONAL EDUCATION

APPLICANT INSTRUCTIONS

1. **Do not use this form if your nursing school is located outside the United States.** (See Verifying Education Credentials from Non-U.S. Programs under Education Requirements.)
2. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8.
3. Have the professional school you attended complete the appropriate parts of Section II. **If you graduated from a New York State licensure qualifying nursing education program after April 1, 1998, you do not need to submit this form.** Be sure to include any fee required by the school. The registrar must return the entire form in an official school envelope directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if submitted by you.

SECTION I: APPLICANT INFORMATION

1 **Social Security Number** ☐☐☐ ☐☐ ☐☐☐☐

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

2 **Birth Date** ☐☐ ☐☐ ☐☐
Month Day Year

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

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐

4 **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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5 Print your name as it appears on your degree or diploma: _____

6 Secondary institution attended: _____

7 Nursing school attended: _____

Address: _____

Dates of attendance from _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

8 I request and give my permission to the school listed in item 7 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

Applicant's signature: _____ Date: _____ / _____ / _____
mo. day yr.

SECTION II : CERTIFICATION OF PROFESSIONAL EDUCATION

INSTRUCTIONS TO REGISTRAR: Please complete and return both pages of this form in an official school envelope **directly** to the Office of the Professions at the address below. This form **will not be accepted if returned by the applicant.** This form should not be completed by schools located **OUTSIDE OF THE UNITED STATES** or its territories.

(1) Name of applicant _____
(see Section I, item 5)

(2) Nursing school name: _____

Address: _____
(Street)

_____
(City) *(State)* *(Zip Code)* *(Country)*

(3) Is this program located In the United States or its territories? (check one) ☐ Yes ☐ No

If no, do not use this form. If Yes, complete the remainder of this form.

(4) Date on which faculty approved the awarding of the degree or diploma or date degree awarded: _____ / _____ / _____
mo. day yr.

(5) This program was approved as preparing for licensure as a Registered Professional Nurse or Licensed Practical Nurse by:

_____
(Name of state or U.S. territory)

(6) Type of program: ☐ Baccalaureate ☐ Diploma ☐ Associate ☐ Other _____

(7) Title of degree awarded: _____

CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar _____ Date _____ / _____ / _____
mo. day yr.

Print Name _____

Title or official position _____

Institution _____

INSTITUTION SEAL

Address _____

_____

Telephone _____ Fax _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Nurse Form 2AF

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

CERTIFICATION OF EQUIVALENT U.S. ARMED FORCES EDUCATION FOR LPN LICENSURE

APPLICANT INSTRUCTIONS

THIS FORM IS ONLY FOR APPLICANTS WHO ATTENDED A U.S. ARMED FORCES PROGRAM AND WISH TO USE THEIR EDUCATION TO QUALIFY FOR LICENSURE AS AN LPN, NOT GRADUATES OF APPROVED U.S. LPN PROGRAMS.

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 7.
2. Send the entire form to the U.S. armed forces program which you attended. Have the U.S. armed forces program you attended complete the appropriate parts of Section II. Both pages of the completed form must be returned in an official armed forces envelope directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if submitted by you.

SECTION I: APPLICANT INFORMATION

1 **Social Security Number** ☐☐☐ ☐☐ ☐☐☐☐

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

2 **Birth Date** ☐☐ ☐☐ ☐☐
Month Day Year

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

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐

4 **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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5 Print your name under which you attended the U.S. armed forces program: _____

6 U.S. armed forces program attended: _____

Address: _____

Dates of attendance from _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

7 I request and give my permission to the program listed in item 6 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

Applicant's signature: _____ Date: _____ / _____ / _____
mo. day yr.

SECTION II: CERTIFICATION OF NURSING EDUCATION

INSTRUCTIONS: Please complete and return both pages of this form with an official transcript in an official armed forces envelope directly to the Office of the Professions at the address below. Do not return this form to the applicant. This form will not be accepted if returned by the applicant.

(1) Name of applicant _____
(see Section I, item 5)

(2) U.S. armed forces program name: _____

Address: _____
(Street) *(City)* *(State)* *(Zip Code)* *(Country)*

(3) Description of U.S. armed forces program

1. Was the program at least nine continuous months in length? ☐ Yes ☐ No

   If NO, give length of program _____.

2. Did the program include classroom instruction and supervised clinical experience? ☐ Yes ☐ No

3. Dates of applicant's attendance were from _____ / _____ / _____ to _____ / _____ / _____.
   mo. day yr. mo. day yr.

CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the nursing program of the individual named on this form.

Signature of Official _____ Date _____ / _____ / _____
mo. day yr.

Print name _____

Title of position _____

U.S. armed forces branch _____

Address _____

_____

INSTITUTION SEAL

Telephone _____

Fax _____

E-mail _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Nurse Form 3 (Check one)

☐ **Registered Professional Nurse**

☐ **Licensed Practical Nurse**

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

VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

(Complete this form if you hold, or have ever held, a license or certificate to practice any profession* in any jurisdiction)

*Profession is defined as professional titles licensed under New York State Education Law (see page 2 of the Address/Name Change Form).

APPLICANT INSTRUCTIONS

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.
2. Send the entire form to the appropriate licensing/certifying authority for completion of Section II. Be sure to include any fee required by that licensing/certifying authority. We must receive a Form 3 for all professional licenses/certificates you ever held except those issued by the New York State Education Department. **This form will not be accepted if submitted by you.**

Section I: Applicant Information

1 **Social Security Number** ☐☐☐ ☐☐ ☐☐☐☐

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

2 **Birth Date** ☐☐ ☐☐ ☐☐
Month Day Year

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

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐

4 **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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5 Licensing/certifying authority to which this form is being sent:

Print name of licensing/certifying authority _____

6 If you were issued a license/certificate by this licensing/certifying authority, print your name as it appears on your license/certificate.

Print name _____

Professional title on license/certificate issued: _____

7 If you took a licensing examination in the United States using a different name, enter that name below:

_____ _____ _____
Last *First* *Middle*

8 If licensed/certified as a nurse, name of school of nursing: _____

Address: _____

Date certificate or diploma in nursing was awarded or is expected to be awarded: _____ / _____ / _____
mo. day yr.

9 I request and give my permission to the licensing/certifying authority listed in item 5 above to complete the information on this form and mail it to the New York State Education Department and to release any other information required by the State Education Department in connection with my application for licensure. I also 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.

Applicant's signature: _____ Date: _____ / _____ / _____
mo. day yr.

Section II: Verification of Licensure/Certification: (Please print or type)

INSTRUCTIONS TO THE LICENSING/CERTIFYING AUTHORITY: Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope directly to the Office of the Professions at the address below. This form will not be accepted if returned by the applicant. Attach additional sheets if necessary.

1

Name of applicant: _____

(see Section I, item 6)

2

Professional title on license/certificate: _____

License/certificate number: _____ Date of licensure/certification: _____ / _____ / _____
mo. day yr.

3

Verification of licensure/certification – Complete if applicant was licensed/certified as a nurse or was approved to take the State Board Test Pool (SBTP) or the National Council Licensing Examination (NCLEX) in your jurisdiction.

A. The nursing program indicated in item 8 on page 1 was:

1. approved by this licensing authority at the time of the applicant's attendance. ☐ Yes ☐ No
2. approved by this licensing authority at the time of the applicant's graduation. ☐ Yes ☐ No
3. either a practical nursing program of at least nine months in length; or was a professional registered nursing program of at least two year duration. ☐ Yes ☐ No

B. Basis of licensure (check one): ☐ Examination ☐ Waiver of Examination ☐ Endorsement ☐ Waiver of Education Requirement

C. Did issuing this license involve any special conditions? ☐ Yes ☐ No

D. Certification of Examination Results (attach additional sheets if necessary)

Exam Date	Series Number	NCLEX Exam	OR	STATE BOARD TEST POOL EXAM SCORES				
		NCLEX Exam Score		Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Pediatric Nursing

LICENSED PRACTICAL NURSING - Examination scores and dates

Exam Date	Series Number	Exam		Exam Score
		NCLEX (check box)	Other Series (specify)	

4

Complete if applicant was issued a license/certificate by your jurisdiction.

A. Has disciplinary action been taken against this license? ☐ Yes ☐ No

B. Are disciplinary charges pending against this license? ☐ Yes ☐ No

If the answer to either of these questions is "yes", please attach a complete explanation with any supporting documentation.

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted in item 4 above or in any attachments, this licensing/certifying authority has never taken any disciplinary action against this person and that in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

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

Print name: _____

Title: _____

Licensing/certifying authority: _____

Address: _____ **(SEAL)**

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____

E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Nurse 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

Application for Limited Permit

Department Use Only

Date Approved/Rejected

Permit number

Date issued

Date expires

Initials

APPLICANT INSTRUCTIONS

1. A limited permit authorizes practice as a nurse under the immediate and personal supervision of a New York State licensed, currently registered, registered professional nurse and with the endorsement of the employer. Complete Section I. Be sure to sign and date item 11 on page 2. It is your responsibility to ensure that your prospective employer fully completes Section II. **Note:** Once a limited permit is issued, it may not be adjusted. You should be certain you are ready to begin practice when you apply for the limited permit. You may not begin practice until your limited permit is issued unless you meet the practice exemption detailed in the Instructions to the Employer in Section II of this form.
2. You may apply for a limited permit either at the same time as or after submitting an Application for Licensure (Form 1). If you have not yet filed a Form 1 and the licensure fee ($143), you must submit them with this form and the limited permit fee. **Permits cannot be issued until all required documentation has been received and approved.**
3. Submit this application and the $35 fee to the Office of the Professions, at the address at the end of this form.
4. If you change employment after your permit is issued, you must obtain a new permit by completing a new Form 5 with your prospective employer. A new fee is not required for a permit issued as a result of a change in employment.

Section I: Applicant Information

1 **Check what you are applying for:**

☐ **Registered Professional Nurse (Limited Permit)**	22	$35	PR
☐ **Licensed Practical Nurse (Limited Permit)**	10	$35	PR

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 You Wish It To Appear On Your Limited Permit**

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:**

☐ Original permit
☐ Additional supervisor/ employer
☐ Change of supervisor/ employer

8 Are you licensed as a nurse in another jurisdiction? ☐ Yes ☐ No If no, have you ever failed the RN licensing examination? ☐ Yes* ☐ No

If no, have you ever failed the PN licensing examination? ☐ Yes** ☐ No

*You are not eligible for an RN permit if you have ever taken the NCLEX-RN examination.

**You are not eligible for an LPN permit if you have ever taken the NCLEX-PN examination.

9 **FOREIGN EDUCATED NURSES ONLY** Have you successfully completed: (Check one) ☐ CGFNS ☐ CNATS

Date CGFNS Qualifying Examination written _____ / _____ / _____ *CGFNS Certificate No. _____

Date CNATS Examination written _____ / _____ / _____ CNATS Exam Score _____

*** CGFNS must submit this certificate directly to the Office of the Professions.**

10 Name and address of nursing school attended _____

_____ Date degree completed _____ / _____ / _____
mo. day yr.

11 **ATTESTATION**

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 Supervision

Instructions to the Employer:

1. By completing this section, you are certifying that the applicant for the limited permit will be employed under the supervision of a registered professional nurse who is licensed and currently registered in New York State and that you agree to abide by the conditions stipulated on the permit.
2. The applicant must be employed by the facility in which they are working. They may not be employed by a third party.
3. The supervising nurses listed in this section must be Registered Professional Nurses who will work **directly** with the permittee on the same unit so that consistent supervision is ensured.
4. A limited permit expires one year from the date of issuance or upon written notice to the applicant by the Department that the application for licensure has been denied, or 10 days after written notification to the applicant of failure on the professional licensing examination, whichever occurs first. Failing applicants will be advised in writing by the Department to notify their employer of the exam results immediately to allow reasonable notice to the employer that they are no longer able to work under a limited permit.
5. The applicant may not begin practice until the limited permit is issued.*

***EXEMPTION:** New graduates of New York State nursing education programs registered by the New York State Education Department as licensure qualifying **who have applied for licensure and a limited permit** may be employed to practice under the supervision of a registered professional nurse for 90 days immediately following graduation pending receipt of a limited permit. The permittee must submit the employer's copy of the limited permit to the employer as soon as it is received.

1. Permittee's name: _____

2. To be employed as: ☐ RN ☐ LPN

3. Employer (Enter full name -- no initials):

   Name: _____

   Street: _____

   City: _____ State: _____ Zip code: _____

4. Telephone: _____ Fax: _____ E-mail: _____

5. If practice site is different from employer's address (item 3), provide that address also:

   Name: _____

   Street: _____

   City: _____ State: _____ Zip code: _____

   Telephone: _____ Fax: _____ E-mail: _____

Section II: Certification of Supervision (Continued)

6. **SUPERVISOR OF THIS PERMITTEE**

In order to assure that there is always a licensed registered professional nurse available to work directly with this permittee on the specific unit, you must provide the names of two licensed registered professional nurses who will supervise this permittee:

1. Supervising registered professional nurse _____

   New York State License number _____

2. Supervising registered professional nurse _____

   New York State License number _____

7. **ATTESTATION BY DIRECTOR OF NURSING OR PHYSICIAN**
   (To be completed and signed by the director of nursing or designee where the permittee will practice)

By completing the information in Section II and signing this attestation, I am certifying that the permittee will be employed under the supervision of a registered professional nurse who is licensed and currently registered in New York State, that the supervising nurse will be notified of this responsibility, and that the employer agrees to abide by the conditions stipulated on the permit.

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 on behalf of employer: _____
(i.e., Director of Nursing or Physician.)

Date: _____ / _____ / _____
mo. day yr.

Print name: _____

Title: _____

New York State Profession: _____

New York State Professional License Number: _____

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.

Form 1CE

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

CERTIFICATION OF EXEMPTION

IDENTIFICATION AND REPORTING CHILD ABUSE and MALTREATMENT TRAINING

Applicants for licensure and licensees applying for re-registration as **physicians, chiropractors, dentists, registered nurses, podiatrists, optometrists, psychologists, dental hygienists, licensed master social workers, licensed clinical social workers, creative arts therapists, marriage and family therapists, mental health counselors, and psychoanalysts** must complete two hours of Department approved coursework or training in the identification and reporting of child abuse and maltreatment. A limited exemption from this requirement is available if the nature of the applicant's/licensee's practice excludes contact with children. Any licensee who asks for an exemption must notify the Department in writing, within 30 days, when the nature of the practice changes and an exemption is no longer valid.

APPLICANT INSTRUCTIONS

1. If you are certain that you qualify for an exemption, complete items 1-6 by printing clearly in ink in the spaces provided. Be sure to sign and date Item 7.
2. Send the completed form to the address at the end of the form to the attention of the unit for your profession (for example: Attention Medicine Unit). See item 6 for listing.

Properly completed forms will be accepted. You will only receive notice from the Department if a request is insufficient to grant an exemption. Please retain a photocopy of this Certification of Exemption.

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

2 **Birth Date** Month Day Year

3 **Print Your Name Exactly As It Appears On Your Licensure Application Or Registration**

Last
First
Middle

4 **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

5 **N.Y.S. License Number**
(If applicable)

6 **Profession** *(check one)*

- ☐ Medicine
- ☐ Chiropractic
- ☐ Dentistry
- ☐ Dental Hygiene
- ☐ Registered Nurse
- ☐ Podiatry
- ☐ Optometry
- ☐ Psychology
- ☐ Licensed Master Social Worker
- ☐ Licensed Clinical Social Worker
- ☐ Creative Arts Therapist
- ☐ Marriage and Family Therapist
- ☐ Mental Health Counselor
- ☐ Psychoanalyst

7 **ATTESTATION**

59.12 (b) The department may exempt an applicant or licensee from the coursework or training requirement of subdivision (a) of this section upon receipt of a written application for such exemption establishing that there would be no need to complete the coursework or training because the nature of the applicant's/licensee's practice excludes contact with children. It is the professional responsibility of the licensee who holds an exemption to notify the department in writing, within 30 days, when the nature of the practice changes to the extent that the basis for exemption ceases to exist.

I, the undersigned, have read regulation 59.12(b) above and the explanation on this form. I understand the terms and conditions contained therein, and hereby declare that the nature of my practice is such that I do not treat or otherwise have professional contact either with children under the age of 18 years or persons 18 years of age and older with a handicapping condition who reside in a residential care school or facility. Therefore, I claim an exemption from the required training in child abuse and maltreatment identification and reporting pursuant to Section 59.12, Regulations of the Commissioner.

I also understand that should the nature of my practice change to the extent that the basis for the exemption ceases to exist, I am obligated to notify the department in writing and complete the required training within 30 days.

I further understand that a false statement on this document may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant signature *Date*

Mail the completed form to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, 89 Washington Avenue, Albany, NY 12234-1000.

FORM AD/NAME

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

OFFICE USE

ADDRESS/NAME CHANGE FORM

INSTRUCTIONS

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. ***For address changes only***, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by e-mailing oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation.

  Acceptable supporting documentation includes:

  A court order authorizing your name change, marriage certificate, or divorce papers **and** a copy of a photo ID in your new name.

  Or

  Two (2) of the following:

  - A letter from the Social Security Administration indicating both your old and new names.
  - Copies of both old and new driver's licenses.
  - Copies of both old and new New York State non-driver photo ID cards.
  - Copies of both old and new Social Security Cards.
  - Copies of both old and new passports.
  - Copies of both old and new U.S. Military photo ID cards.

  Other forms of identification may be acceptable as supporting documentation. Please contact the Records/Archives Unit by calling 518-474-3817 Ext. 380 or by e-mailing oparchiv@mail.nysed.gov before submitting.

  Be sure to sign and date Section IV. Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your **new** name, check the appropriate box in Section III and enclose your **original parchment** (your original parchment will be letter sized, 8.5 x ll inches, and will **not** have your address on it).
- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

NOTE: Important information and registration renewals will be sent to the address on file for you. ***You must notify the Department in writing within 30 days if your address or name changes.***

Section I: Your General Information

1. Name (currently on record): _____

2. Social Security Number: ☐☐☐ ☐☐ ☐☐☐☐ Birth Date: Month ☐☐ Day ☐☐ Year ☐☐

   Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____

   E-mail: _____ Fax: _____ - _____ - _____

3. Are you reporting an address and/or name change? ☐ address change ☐ name change ☐ both

4. Effective date of change: _____ / _____ / _____ **(Note: Changes cannot be accepted until *after* the effective date.)**

5. Licensure status in New York State:

   ☐ I am an applicant for licensure in New York State for the licensed profession(s) of: _____
   ☐ I am currently licensed in New York State in the profession(s) of: *(see list of professions on page 2)*
   (see list of professions on page 2)

   _____ New York State license number: ☐☐☐☐☐☐

   _____ New York State license number: ☐☐☐☐☐☐

   _____ New York State license number: ☐☐☐☐☐☐

   _____ New York State license number: ☐☐☐☐☐☐

Section II: Address Change (please print)

Information Currently On Record		New Information
Apt./Bldg. _____		Apt./Bldg. _____
Street _____		Street _____
City _____		City _____
State _____		State _____
Zip Code ☐☐☐☐☐ - ☐☐☐☐		Zip Code ☐☐☐☐☐ - ☐☐☐☐
Province or Country (if not U.S.)		Province or Country (if not U.S.)
_____		_____

Is this new address a business address? ☐ Yes ☐ No

Failure to answer this question will result in your address being deemed a business address and, therefore, public information.

Section III: Name Change (please print) If you are reporting a name change, please sign using your **NEW** name in Section IV. **If you are currently registered you will receive a new registration certificate.**

Information Currently On Record		New Information
Last Name _____		Last Name _____
First Name _____		First Name _____
Middle or Initial _____		Middle or Initial _____

☐ Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your **original** parchment will be letter sized, 8.5 x ll inches, and will **not** have your address on it.

Section IV: Affidavit

I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.

_____ _____

Signature *Date*

Professional Titles Licensed Under Education Law

(See item #5 on page 1 of the form.)

Acupuncturist
Architect
Athletic Trainer
Audiologist
Certified Clinical Laboratory Technician
Certified Dental Assistant
Certified Histological Technician
Certified Public Accountant
Certified Shorthand Reporter
Chiropractor
Clinical Laboratory Technologist
Creative Arts Therapist
Cytotechnologist
Dental Hygienist
Dentist
Dietitian/Nutritionist
Interior Designer
Landscape Architect
Land Surveyor
Licensed Clinical Social Worker
Licensed Master Social Worker
Licensed Practical Nurse
Marriage and Family Therapist
Massage Therapist
Medical Physicist
Mental Health Counselor
Midwife
Nurse Practitioner
Occupational Therapist
Occupational Therapy Assistant
Ophthalmic Dispenser
Optometrist
Perfusionist
Pharmacist
Physical Therapist
Physical Therapist Assistant
Physician
Podiatrist
Polysomnographic Technologist
Professional Engineer
Psychoanalyst
Psychologist
Public Accountant
Registered Physician Assistant
Registered Professional Nurse
Registered Specialist Assistant
Respiratory Therapist
Respiratory Therapy Technician
Speech-Language Pathologist
Veterinarian
Veterinary Technician

Applicants mail to New York State Education Department, Office of the Professions, Division of Professional Licensing Services, (insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Licensees mail to New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.

THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000