

Nurse Practitioner Form 1 Application for Certificate

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services

Applicants Must Complete All Pages Of This Application *In Ink*

All applicants for a certificate must complete this form and submit it with the \$85 fee for a certificate and initial registration 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. **You must sign and date the Affidavit on this form in the presence of a Notary Public.**

1.	NP Specialty from item 10	\$85	ER
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<p>2. Social Security Number <i>(Leave this blank if you do not have a U.S. Social Security Number)</i></p> <p>4. Print Name (This must be the same name as on your RN license.)</p> <p style="margin-left: 20px;">Last</p> <p style="margin-left: 20px;">First</p> <p style="margin-left: 20px;">Middle</p>	<p>3. Birth Date Month Day Year</p> <p>6. Telephone/Email Address</p> <p style="margin-left: 20px;">Daytime Phone</p> <p style="margin-left: 40px;"><input type="checkbox"/> Home or <input type="checkbox"/> Business</p> <p style="margin-left: 20px;">Area Code Phone</p> <p style="margin-left: 20px;">Email Address (please print clearly)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Home or <input type="checkbox"/> Business</p>
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Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

<p>5. Mailing Address <input type="checkbox"/> Home or <input type="checkbox"/> Business</p> <p><input type="checkbox"/> I request that this address be my address of record with the Office of the Professions</p> <p style="margin-left: 20px;">Line 1</p> <p style="margin-left: 20px;">Line 2</p> <p style="margin-left: 20px;">Line 3</p> <p style="margin-left: 20px;">City</p> <p style="margin-left: 20px;">State ZIP Code</p> <p style="margin-left: 20px;"><small>Country/ Province</small></p>	<p>7. New York State DMV ID Number (Driver or Non-Driver ID)</p> <p style="text-align: right;"><i>(Leave this blank if you do not have a New York State DMV ID Number)</i></p>
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8. New York State Registered Professional Nurse License Number
Name(s) under which credentialed (if different from above) _____

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

10. Nurse Practitioner specialty area

<input type="checkbox"/> (43) Acute Care	<input type="checkbox"/> (30) Adult Health	<input type="checkbox"/> (31) College Health	<input type="checkbox"/> (32) Community Health	<input type="checkbox"/> (33) Family Health
<input type="checkbox"/> (34) Gerontology	<input type="checkbox"/> (45) Holistic Care	<input type="checkbox"/> (35) Neonatology	<input type="checkbox"/> (36) Obstetrics/Gynecology	<input type="checkbox"/> (37) Oncology
<input type="checkbox"/> (38) Pediatrics	<input type="checkbox"/> (44) Palliative Care	<input type="checkbox"/> (39) Perinatology	<input type="checkbox"/> (40) Psychiatry	<input type="checkbox"/> (41) School Health
<input type="checkbox"/> (42) Womens Health				

11. Identify the basis on which you are applying for a certificate. Note: A Form 1 & fee must be filed for each specialty area.
Name at time of graduation (if different from above) _____

a. Completion of nurse practitioner educational program registered by the New York State Education Department as qualifying for a certificate (File Form 2)

Program Title (including specialty)	Institution	Date Graduated
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b. Completion of nurse practitioner educational program determined to be equivalent to a registered program by the State Education Department as qualifying for a certificate (File Form 2)

Program Title (including specialty)	Institution	Date Graduated
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c. Verification of passing a nurse practitioner examination administered by a national certifying organization. (File Form 3)

Examination	Certifying Agency	Date Graduated
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12. There are two options for collaborative practice in New York State.

1. Nurse Practitioners (NPs) with more than 3,600 hours of practice experience as a licensed or certified NP in New York State or another jurisdiction, or practicing as an NP while employed by the U.S. V.A., the U.S. Armed Forces or the U.S. public health service can opt to:
 - o practice in accordance with written practice protocols and a written practice agreement with a collaborating physician in accordance with New York State Law.
 - or**
 - o practice and have collaborative relationships with one or more qualified physicians, or a New York State Health Department licensed health care facility in accordance with New York State Law.
2. All other NPs (with less than 3,600 hours of practice) must practice in accordance with written practice protocols and a written practice agreement with a collaborating physician as described above.

Check the box that reflects how you plan to practice after you are certified as a nurse practitioner:

- practice in accordance with written practice protocols and practice agreement with a qualified physician.
- practice and have collaborative relationships with one or more qualified physicians, or a New York State Health Department licensed health care facility in accordance with New York State Law.

13. 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.

Basic Nursing Program for R.N. Licensure

Name of School _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____ Graduation Date _____

mo. yr. mo. yr. mo. yr.

All Postsecondary Higher Education except Nurse Practitioner Program(s)

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____

mo. yr. mo. yr.

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

Date Degree/Diploma/Certificate awarded _____

mo. yr.

Nurse Practitioner Program(s)

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____

mo. yr. mo. yr.

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

Date Degree/Diploma/Certificate awarded _____

mo. yr.

Certification by national certifying organizations or state

Name of certifying organization or state _____

Date originally certified _____ Expiration of current certification _____

mo. yr. mo. yr.

14. 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

15. 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.

16. 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

17. Affidavit with Acknowledgement (**notarization required**)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Applicant's Signature Date

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's Signature

Notary ID number Expiration Date

Notary Stamp

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201, U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.