

# Nurse Form 5CS

## Certification of Supervision for Limited Permit

**Use this form ONLY if you are applying/have applied for a New York State Limited Permit as a Registered Professional or Licensed Practical Nurse online.**

### Applicant Instructions

1. Complete Section I. Have your prospective employer complete Section II. It is your responsibility to ensure your employer fully completes Section II. Failure to complete this form will delay its review. Submit the completed certification to the Office of the Professions as directed at the end of the form.
2. If you change supervisors or have additional settings or supervisors after a permit is issued, you must obtain an amended permit. Complete the online Limited Permit Change Form application (<https://eservices.nysed.gov/professions/wf/limited-permit-change>) and submit a Form 5CS for each new prospective supervisor. A new fee is not required for a permit issued as a result of a change in supervisor or setting.

Check what you are applying for (check one):

Registered Professional Nurse  **22**

Licensed Practical Nurse  **10**

### Section I: Applicant Information

1. Social Security Number \_\_\_\_\_ 2. Birth Date \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Leave this blank if you do not have a U.S. Social Security Number)

3. Print Name Last \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_

4. I am applying for  Original Permit  Extension  
 Additional Setting  Additional Supervisor  
 Change of Setting\*  Change of Supervisor\*

\*If you are applying for a change of setting or supervisor, please indicate the setting and/or supervisor being cancelled.

### Section II: Certification of Supervision

**Employer Instructions:** Complete this Section to certify that the applicant named below will be employed under the direction and supervision a registered professional nurse. The applicant must be employed by the facility in which they are working. They may not be employed by a third party. 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. The applicant may not practice until the limited permit is issued\*.

**\*Exemption:** New graduates of New York State nursing education programs registered 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

Applicant's Name \_\_\_\_\_  
(Section I, item 3)

To be employed as a:  Registered Professional Nurse  Licensed Practical Nurse

**Employer (All employers and practice sites of the permittee must be located in New York State.):**

Business Name \_\_\_\_\_  
(Spell out/No abbreviation)

Business Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Section II: Certification of Supervision (continued)****Setting in New York State where supervised experience will take place (if different than employer):**

Setting Name \_\_\_\_\_  
(Spell out/No abbreviation)

Setting Address \_\_\_\_\_  
\_\_\_\_\_ *Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

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

**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

**First Supervisor:** \_\_\_\_\_

New York State License number \_\_\_\_\_ Date licensed \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_  
mo. day yr. mo. day yr.

**Second Supervisor:** \_\_\_\_\_

New York State License number \_\_\_\_\_ Date licensed \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_  
mo. day yr. mo. day yr.

**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 \_\_\_\_\_

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

Title \_\_\_\_\_

Address \_\_\_\_\_

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

New York State Licensed Profession: \_\_\_\_\_

New York State License number \_\_\_\_\_ Date licensed \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_  
mo. day yr. mo. day yr.

**Submitting this form**

Upload this form in your online limited permit application. If you have already submitted your online limited permit application, upload this form to:

<https://eservices.nysed.gov/professions/wf/document>

You will need the Application ID of your limited permit submission that was emailed to you and your date of birth.

**Or**

You can mail this form along with any required documentation to:  
New York State Education Department  
Office of the Professions  
Nursing Unit  
89 Washington Avenue  
Albany, NY 12234-1000