Perfusionist 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

Applicants Must Complete All Pages of This Application In Ink

Applicant Instructions

- A limited permit authorizes practice as a perfusionist under the supervision of a perfusionist who is licensed and currently registered in New York State and pursuant to the order and direction of a physician. Complete Section I in ink, be sure to sign an date item 8, and then give this form to your employing hospital/organization to complete Section II.
- Send all pages of this form with the \$105 permit fee to the Office of the Professions at the address at the end of this form. You must have already submitted a Application For Licensure (Form 1) and \$200 licensure and first registration fee.
- A limited permit holder is subject to the full disciplinary and regulatory authority of the Board of Regents, pursuant to Title VIII of the Education Law, as if the permit were a professional license under Article 134 of the Education Law.
- 4 Permits cannot be issued until all required documents have been received and approved.
- 4. Limited permits are valid for a period of one year. A limited permit may be extended for one additional year for good cause as determined by the department. If you change supervisors or have additional supervisors after a permit is issued, you must obtain a re-issued permit. Complete a new Form 5 with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a permit issued as a result in change in supervisor.

1	86	\$105	PR					
Permit Number								
Date Issued								
Date Expires								
Initials								

Department Use Only

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	(Leave this blank if you do not have a U.S. Social Security Number)																								
3	Birth Da	ate	М	onth	· [Day	, [Υє	ear]							6	5	I am applying for:
	☐ Original permit																								
4	Print Name as It Appears on Your Application for Licensure (Form 1)											☐ Renewal of Original Permit☐ Additional Supervisor													
	Last																								Change of Supervisor
	First																								
	Middle																								
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7	Name of supervisor:
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Affidavit: I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and licensure and may result in criminal prosecution.

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Section II: Supervisor's Attestation									
1.	Complete this section and be sure to sign and date the attestation. The employing hospital/organization named will practice under the direction and supervision of a licensed and currently registered perfusion								
2.	A limited permit shall expire one year from the date of issuance. The permit may be extended for one additional year for good cause as determined by the Department.								
3.	The applicant may not practice as a perfusionist until the limited permit is issued.								
App	olicant's name:								
	Section I, item 3								
Sup	pervisor's Name:								
Are	you licensed as a perfusionist in New York State?	☐ Yes ☐ No							
Nev	w York State License Number:								
Hos	spital/Organization Name:								
Add	dress:								
Tole	ephone: Fax: E-mail:								
1010	phone r ax t mail								
Atte	estation								
I declare and affirm, under penalty of perjury, (1) that I am authorized by the employing Hospital/Organization to complete the above information, (2) that the applicant is employed by the above identified Hospital/Organization, (3) that the applicant meets the qualifications established by such Hospital/Organization to perform extracorporeal or intracorporeal services under the order and direction and supervision of a licensed physician, (4) that the setting the applicant will practice perfusion is either in a general Hospital licensed pursuant to article twenty-eight of the public health law or during the transport of patients or organs supported by extracorporeal or intracorporeal equipment, and (5) that the statements made in the foregoing certification are true, complete and correct. Any false or misleading information in, or in connection with, this certification may be cause for denial of permit and may result in criminal prosecution.									
Sig	nature	Date							
Prin	nt Name								
Title									
	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.								
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