

Podiatrist Form 5A

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Department Use Only

Application for Limited Permit for Applicants Who Have
Applied for Licensure in New York State

APPLICANT INSTRUCTIONS

NOTE: This form is only for persons requesting a Limited Permit in Podiatry who are also applying for
licensure in New York State. If you are not seeking licensure but still wish to apply for a Limited Permit,
you must complete Form 5B.

- 1. The Fee for an initial Limited Permit is \$105; the fee for each renewal is \$50. Do not send cash.
Please make check or money order payable to: New York State Education Department. This check
must accompany Form 5A. 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.
2. Complete Section I in ink and be sure to sign and date item 8. Your employer must complete Section
II.
3. Send both pages of this form and the appropriate fee to the address at the end of this form. Form 1
and the \$377 fee must also be submitted with these forms.

Permit Number

Date Issued

Date Expires

Initials

6 Telephone/E-Mail Address

Section I: Applicant Information

1 Check what you are applying for:
Original [] 65 \$105 PR
Renewal [] 65 \$50 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 It Appears On Your Application for Licensure (Form 1)
Last [] First [] Middle []

5 Mailing Address (You must notify the Department promptly of any address or name changes.)
Line 1 [] Line 2 [] Line 3 []
City [] State [] Zip Code [] Country/Province []

Daytime Phone
Area Code [] Phone Number []

E-Mail Address (Please print clearly)
[]

7 Employer name: _____
Address: _____

8 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.

Signature of applicant: _____ Date: _____

SECTION II: EMPLOYER INFORMATION

INSTRUCTIONS FOR PROSPECTIVE EMPLOYER

1. Pursuant to Section 7007 of the Education Law, all practice under a limited permit must be supervised by a New York State licensed and currently registered podiatrist.
2. This permit is valid only for:
 - a. Practice in a hospital or health facility pursuant to Article 28 of the Public Health Law; or
 - b. A clerkship conducted by a podiatrist designated as a member of the faculty of an approved school of podiatry for the purposes of a preceptorship program; or
3. Limited permits expire one year from the date of issuance.

Limited permits issued for use in an Article 28 facility or in a clerkship may be renewed for one additional year at the discretion of the Department.

4. IT IS UNLAWFUL FOR THE APPLICANT TO BEGIN PRACTICE BEFORE THE LIMITED PERMIT IS ISSUED.

PRACTICE LOCATION

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

Email address: _____

ATTESTATION

I certify that the individual named in this application has been offered a position as a: (check one)

- staff member of a hospital or health facility pursuant to Article 28 of the Public Health Law;
- clerk in a preceptorship program; or

Supervising Podiatrist (please print): _____

Signature of Supervising Podiatrist: _____

Supervisor's N.Y.S. License Number: _____ Date: _____

Telephone: _____ Fax: _____

E-mail address: _____

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