

9	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10	Are criminal charges pending against you in any court?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12	Are charges pending against you in any jurisdiction for any sort of professional misconduct?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13	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your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

NOTE: If you answer "Yes" to any questions numbered 9-13, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. In answering these questions, consider whether, pursuant to Executive Law § 296(16), you are required to report any arrests, criminal accusations, or dispositions of such arrests or criminal accusations. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.

14 **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.

15 **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.

Signature of the applicant: _____

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 signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

SECTION II: EMPLOYER INFORMATION

INSTRUCTIONS FOR PROSPECTIVE EMPLOYER

1. Pursuant to Section 7008 of the Education Law, a New York State licensed and currently registered podiatrist must supervise all practice under a limited residency permit. However, practice under this permit requires the direct personal supervision of an authorized and competent New York State licensed physician when procedures involve practice beyond that authorized by Section 7001 of the Education Law.
2. This limited residency permit is valid only for practice in a hospital or health facility pursuant to Article 28 of the Public Health Law.
3. Limited residency permits expire three years from the date of issuance. The permit may be renewed for additional one-year periods at the discretion of the Department, if necessary.
4. IT IS UNLAWFUL FOR THE APPLICANT TO BEGIN PRACTICE BEFORE THE LIMITED RESIDENCY PERMIT IS ISSUED.

PRACTICE LOCATION

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

E-mail address: _____

ATTESTATION

I certify that the individual named in this application has been offered a position as a resident in a post-graduate residency program.

Supervising Podiatrist (please print): _____

Signature of Supervising Podiatrist: _____

Supervisor's N.Y.S. License Number: _____ Date: _____ / _____ / _____
mo. day yr.

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.