

Podiatrist Form 5C

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 Residency Permit for Applicants Who Are Applying for Licensure in New York State

APPLICANT INSTRUCTIONS

NOTE: Use this form to apply for a limited residency permit if you are **also** applying for licensure in New York State. If you are **not** applying for licensure or are already licensed in New York State, you must use Form 5D to apply for a limited residency permit.

1. Complete Section I in ink and be sure to have your signature notarized in item 15. Your prospective employer must complete Section II.
2. The fee for an initial limited residency permit is \$105; the fee for each renewal is \$50. **Do not send cash.** Please make your check or money order payable to: *New York State Education Department*. **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.
3. Send the entire form and the appropriate fee to the address at the end of this form. You must also submit your Application for Licensure (Form 1), the \$345 licensure fee, and evidence of completion of NYS approved training in the identification and reporting of child abuse if not previously submitted. In addition, if you have not asked your educational institution to submit a Certification of Professional Education (Form 2) on your behalf, you must do so.

Permit Number

Date Issued

Date Expires

Initials

Section I: Applicant Information

1 Check what you are applying for:

Original	<input type="checkbox"/>	65	\$105	PR
Renewal	<input type="checkbox"/>	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

6 Telephone/E-Mail Address

Daytime Phone

--	--	--	--	--	--	--	--	--	--	--	--

Area Code Phone Number

E-Mail Address (Please print clearly)

7 I am applying for:

- Additional Supervisor/Facility (no fee required)
- Change of Supervisor/Facility (no fee required)

8

Prospective employer name: _____

Address: _____

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. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

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 one year from the date of issuance and may be renewed for one or two additional years.
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.