Podiatrist Form 5C

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

Important Notice: The Limited Permit Fee Is Not Refundable

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.

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.

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

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:

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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.
☐ 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.

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 __________/ ________/ ________

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: _______ / _______ / _______
Telephone: __________________________ Fax: __________________________
E-mail address: ____________________________________________