

Polysomnographic Technologist Form 3

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

Verification of Other Professional Licensure/Certification

(Complete this form if you hold, or ever held, a license or certificate to practice any profession* in any jurisdiction)

*Profession is defined as professional titles licensed under New York State Education Law (see page 2 of the Address/Name Change Form).

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Authorization (Form 1). Be sure to sign and date item 8.
2. Send this entire form to the appropriate licensing/certifying authority for completion of Section II. Be sure to include any fee required by that licensing/certifying authority. We must receive a Form 3 for all licenses/certificates you ever held except those issued by the New York State Education Department. **This form will not be accepted if submitted by the applicant.**

Section I: Applicant Information

1 Social Security Number **2 Birth Date** Month Day Year

(Leave this blank if you do not have a U.S. Social Security Number)

3 Print Name as It Appears on Your Application for Authorization (Form 1)

Last

First

Middle

4 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

5 Licensing/certifying authority to which this form is being sent:

Print name of licensing/certifying authority _____

6 Print your name as it appears on your license/certificate from the licensing/certifying authority listed in item 5.

Print name _____

Professional title on license/certificate issued _____

7 Did you complete the examination required for licensure/certification under any non-standard conditions (e.g., the use of a dictionary or extra time for applicants whose primary language is other than English)? **Yes** **No**

8 I request and give my permission to the licensing/certifying authority listed in item 5 above to complete the information on this form and mail it to the New York State Education Department and to release any other information required by the State Education Department in connection with my application for licensure. I also 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.

Applicant's Signature _____ mo. / day / yr.

Section II: Verification of Other Professional Licensure/Certification: (Please print or type)

Instructions to the Licensing/Certifying Authority: Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1 Name of applicant: _____
(Section I, item 6)

2 Professional title on license/certificate: _____
License/certificate number: _____ Date of licensure/certification: _____ / _____ / _____
mo. day yr.

3 Verification of licensure/certification - Complete if applicant was licensed/certified as a polysomnographic technologist in your jurisdiction.
What requirements did the applicant meet to become licensed/certified as a polysomnographic technologist in your jurisdiction?
Education: Diploma/degree: _____
Examination: Title: _____ Date: _____ / _____ / _____ Score: _____
mo. day yr.
Experience: None _____ year(s) Describe _____
 Endorsement of license from or reciprocity with _____
(name of jurisdiction)
 Grandparenting

4 A. Has the applicant identified in Section I been subject to any disciplinary action? Yes No
B. Are any charges pending against this individual? Yes No
If the answer to either of these questions is "yes," please attach a complete explanation with any supporting documentation.

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named above. I further certify that, except as noted in item 4 above or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.
Print name: _____
Title: _____
Licensing/certifying authority: _____ **(SEAL)**
Address: _____
Telephone: _____ Fax: _____
E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Polysomnographic Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000.