

Psychologist Form 5A
Application for Limited Permit
For Persons Gaining Experience for Licensure

Applicant Instructions

To be eligible to practice psychology while gaining professional experience in New York State under a limited permit, you must:

- Have completed all doctoral degree requirements, including your doctoral dissertation.
- Meet all other licensure requirements except the examination and professional experience.

If you meet these eligibility requirements then:

- A limited permit authorizes practice as a psychologist to gain the required amount of professional experience while under the supervision of a New York State licensed and currently registered psychologist. Complete Section I. You must answer all questions **in ink** (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Be sure to sign and date item 9.** It is your responsibility to ensure your supervisor fully completes Section II.
- You may apply for a limited permit either at the same time as or after submitting an application for a license as a psychologist in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee (\$294), you must submit them with this form and the limited permit fee.
- Submit this application and the limited permit fee (\$70) to the Office of the Professions at the address at the end of this form. The limited permit fee is not refundable. **Permits cannot be issued until all required documentation has been received and approved. You may not begin practice until the limited permit is issued.** The limited permit is valid for a period of one year. The permit may be renewed for an aggregate of three years. A one year extension may be granted for good cause as determined by the Department. To apply for an extension, you must submit a new Form 5A and limited permit fee (\$70) along with a justification for the extension.
- If you need to request a renewal, you must submit a new Form 5A and limited permit fee (\$70) with Form 4 for the time that you have been gaining experience. Your experience will be reviewed before the renewal may be issued. If you change supervisors or have additional settings or supervisors after a permit is issued, you must obtain an amended permit. Complete a new Form 5A with each prospective supervisor, and return it to the Office of the Professions. **A new fee is not required for a permit issued as a result of a change in supervisor or setting.**

Application for Psychologist

68 **\$70** **PR**

Section I: Applicant Information

- Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)
- Birth Date Month Day Year
- Print Name Last
 First
 Middle
- Telephone/Email Address
Daytime Phone
☐ Home or ☐ Business

Area Code Phone
Email Address (please print clearly)
☐ Home or ☐ Business
- Mailing Address ☐ Home or ☐ Business
(You must notify the Department promptly of any address or name changes)
Line 1
Line 2
Line 3
City
State ZIP Code
Country/
Province
- New York State DMV ID Number
(Driver or Non-Driver ID)

(Leave this blank if you do not have a New York State DMV ID Number)
- I am applying for ☐ Original Permit (Include \$70 fee) ☐ Extension (Attach justification and include \$70 fee)
☐ Renewal (Attach Form 4 and include \$70 fee) ☐ Additional Setting ☐ Additional Supervisor
☐ Change of Setting* ☐ Change of Supervisor*
*If you are applying for a change of setting or supervisor, please indicate the setting and/or supervisor being cancelled.

- Name of prospective supervisor _____
- I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and certification/licensure and may result in criminal prosecution.

Applicant's Signature _____

Date _____

Section II: Supervisor's Certification

Supervisor Instructions: Complete Section II to certify that the applicant will be under the supervision of a New York State licensed and currently registered psychologist for the duration of the permit and the employer agrees to abide by the conditions stipulated on the permit. The applicant may not practice psychology until the limited permit is issued.

Applicant's Name _____
(Section I, item 3)

1. Name of the Supervising Psychologist _____
2. License number _____
3. Setting Name _____
4. Setting Address _____

Telephone _____ Fax _____ Email _____

5. The above setting is a (select one and attach operating certificate, charter, waiver or other documentation):

- ☐ professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of psychology.
- ☐ sole proprietorship owned by a licensee who provides services that are within the scope of his or her profession and services that are within the scope of practice of psychology.
- ☐ professional partnership owned by licensees who provide services that are within the scope of practice of psychology.
- ☐ program or service operated, regulated, funded, or approved by the New York State Office of Mental Health OMH), Office of Addictions Services and Supports (OASAS), Office for People With Developmental Disabilities (OPWDD), Office of Children and Family Services (OCFS), Department of Corrections and Community Supervision (DOCCS), Office of Temporary and Disability Assistance (OTDA), the State Office for the Aging and the Department of Health or a local governmental unit as that term is defined in section 41.03 of the Mental Hygiene Law or a social services district as defined in section 61 of the Social Services Law.
- ☐ entity holding a waiver issued by the Department pursuant to section 6503- a or 6503-b of the Education Law to provide services that are within the scope of practice of psychology.
- ☐ a program or facility authorized under federal law to provide services that are within the scope of practice of psychology.
- ☐ entity authorized under New York law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of psychology.

Attestation

I declare that the statements made in the foregoing certification are true, complete and correct. Any false or misleading information in or in connection with this certification may be the cause for denial of permit and licensure and may result in criminal prosecution.

Supervisor Signature _____ Date _____

Print Name _____

Title _____

Address _____

Telephone _____

Fax _____

Email _____

If you are applying for an original permit or extension, mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201 U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

If you are ONLY applying for a renewal, or change of, or additional supervisor/setting, mail this form to: New York State Education Department, Office of the Professions, Psychology Unit, 89 Washington Avenue, Albany, NY 12234-1000. **No fee is needed for this option.**