

Psychologist Form 5B

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 Permit For Persons Licensed in Other Jurisdictions

APPLICANT INSTRUCTIONS

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

- Be licensed to practice psychology at the independent practice level in another state or province, and
- Have resided in New York State for a period of not more than six months prior to filing your application for a license in New York State.
- Meet all licensure requirements except the examination.

If you meet these eligibility requirements, then:

- After submitting an application for licensure (Form 1 and fee) as a psychologist in New York State, you may file an application for a limited permit to practice pending receipt of the license. A limited permit authorizes practice as a psychologist for not more than 12 months or until 10 days after notification of failure to pass the licensing examination.
- Complete this form in ink. Be sure to sign and date item 9.
- Complete Form 3, Section 1, and send it to the jurisdiction where you are or have been licensed. Ask them to complete the form and send it directly to the Office of the Professions at the address at the end of the form. Be sure to include any fee required.

Submit this application with a check or money order for the required fee of \$70 to the address at the end of this form. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee, you must submit them with this form and the limited permit fee. The permit application cannot be approved until all required documents have been received and approved. You may not begin practice as a psychologist until the limited permit is issued.

1	68	\$70	PR
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Permit Number

Date Issued

Date Expires

Initials

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

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6 Telephone/E-Mail Address

Daytime Phone

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Area Code

Phone Number

E-Mail Address (Please print clearly)

3 Birth Date Month Day Year

4 Print Name

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

7 Resident/Application Status

I became a resident of New York State on:

____ / ____ / ____
mo. day yr

I filed my Application for Licensure (Form 1) and fee on:

____ / ____ / ____
mo. day yr

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Indicate all jurisdiction(s) where you have been licensed:

Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____

Be sure to complete and forward a Form 3 to these jurisdictions.

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ATTESTATION

I understand that such limited permit, if approved, shall be valid for a period of not more than 12 months, or until ten days after notification of failure of the professional licensing examination or until the results of a licensing examination for which I am eligible are officially released, whichever comes first.

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 licensure and may result in criminal prosecution.

_____ / _____ / _____
Applicant signature mo. / day. / yr.

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, P.O. Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.