

SECTION II: CERTIFICATION OF SUPERVISION

INSTRUCTION TO THE EMPLOYER/SUPERVISOR

Sections 6735 (c) and 6741-a(b) of the Education Law require all practice under a limited permit to be under the on-site supervision of a licensed physical therapist in a public hospital, an incorporated hospital or clinic, a licensed proprietary hospital, a licensed nursing home, a public health agency, a recognized public or non-public school setting, the office of a licensed physical therapist or in the civil service of the State or political subdivision thereof.

1. By completing the information below, the employer is certifying that the permittee named in Section I will be supervised by a licensed physical therapist who is registered in New York State and that the employer agrees to abide by the conditions stipulated on the permit.
2. The applicant may not begin practice until the limited permit is issued.
3. A limited permit expires six months from the date of issuance.
4. **For Physical Therapist applicants only:** Section 6736 (b)(2) of the Education Law, which allows a physical therapist graduate of an approved program to practice under the on-site supervision of a licensed physical therapist provided that the graduate has: (a) applied and paid the required licensure application fee and the fee for the licensing examination, and (b) applied and paid a fee for the limited permit. This exemption shall not extend beyond 90 days after graduation.
5. A physical therapist serving as the supervisor may not concurrently supervise more than four (4) permittees.

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____ E-mail: _____

- The above facility is a: (check one)
- Public hospital
 - Licensed proprietary hospital
 - Recognized public or non-public school setting
 - Office of a licensed physical therapist
 - Public health agency
 - Licensed nursing home
 - Incorporated hospital or clinic

ATTESTATION

In accordance with Section II above, I declare that the statements made in Section III are true, complete and correct. Any false or misleading information in, or in connection with this certification, may be cause for disciplinary action against my license and may result in criminal prosecution.

I certify that the physical therapist/physical therapist assistant limited permit applicant named in this application is being hired to practice at the facility named above and that I am supervising no more than four (4) permittees.

Name of supervising physical therapist (*please print*): _____

Signature of supervising physical therapist: _____ Date: _____ / _____ / _____
mo. day yr.

N.Y.S. license number of supervising physical therapist: _____

Telephone: _____ Fax: _____ E-mail: _____

Note: A limited permit must be reissued if the permittee's practice site should change or to reflect a change in the supervising physical therapist. A new fee is not required.

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