

# Physical Therapy Form 5

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

### APPLICANT INSTRUCTIONS

1. You may file an application for a limited permit with or after submitting an Application for Licensure (Form 1) and fee as a physical therapist or physical therapist assistant in New York State to practice pending receipt of the license. A limited permit authorized practice under the supervision of a New York State licensed, currently registered, physical therapist. When applying for a limited permit, it is your responsibility to ensure that your prospective employer fully completes Section II, Certification of Supervision.
2. Complete Section I in ink. Be sure to sign and date item 8. **Note:** once limited permits are issued, they may not be adjusted. You should be certain you are ready to begin practice when you apply for the limited permit.
3. Submit this application and a \$70 fee for physical therapist, \$50 for physical therapist assistant, to the address at the end of this form. If you have not yet filed an Application for Licensure (Form 1) and a fee of \$294 for physical therapist, \$103 for physical therapist assistant, you **must submit them with this form and the limited permit fee**. Your permit cannot be issued until we receive and approve all required documentation. You may not begin practice until your limited permit is issued. **(Physical therapist applicants: see explanation of exemption in Section II: Certification of Supervision). The limited permit fee is not refundable.**
4. If you change employment after a permit is issued, you must obtain a new permit and, with each prospective employer, complete a new Form 5 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 employment. A limited permit may be renewed for one additional 6 month period with the appropriate fee.

NYS Permit Number

Initials

Date Issued

Date Expires

6 Telephone/E-Mail Address

**1 Check which profession you are applying for:**

Physical Therapist

62

\$70

PR

Physical Therapist Assistant

66

\$50

PR

Daytime Phone

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Area Code

Phone Number

E-Mail Address (Please print clearly)

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**2 Social Security Number**

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

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**3 Birth Date**

Month

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Day

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Year

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**4 Print Your Name Exactly As It Appears On Your Licensure Application**

Last

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First

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Middle

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**5 Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1

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Line 2

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Line 3

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City

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State

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Zip Code

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Country/  
Province

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**7 I Am Applying For:**

- Original Permit
- Renewal of Permit
- Change in:
  - Employer
  - Supervisor
- Additional:
  - Employer
  - Supervisor
- 6 Month Extension

**8**

### ATTESTATION

#### NOTICE TO PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT APPLICANTS REGARDING LIMITED PERMIT PRACTICE RESTRICTIONS

The law authorizes a permittee to practice under the supervision of a New York State licensed and currently registered 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**. As a permittee, you may not practice under the supervision of a physician.

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's Signature

Date

## 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.**