

# Veterinary Technician Form 5

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
Division of Professional Licensing Services  
89 Washington Avenue  
Albany, NY 12234-1000  
www.op.nysed.gov

Department Use Only

## Application for Limited Permit

1      76      \$50      PR

### APPLICANT INSTRUCTIONS

1. The fee for a limited permit in veterinary technology is \$50.00. Be sure to sign and date item 9.
2. If you have already filed the Application for Licensure (Form 1) and all required verifications, you need only submit the Form 5 and required fee for a limited permit at this time. If you have not yet filed Form 1, paid the fee and submitted all the required verifications, you must do so before your limited permit application can be evaluated.
3. Complete Section I of this form in ink and send it to the supervising veterinarian who will supervise your work under the limited permit. Return the completed form with your limited permit fee to the Office of the Professions at the address at the end of this form.

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)

3 **Birth Date**    Month      Day      Year

4 **Print Your Full Name Exactly as it Appears On Your Licensure Application Form (Form 1)**

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

6 **Telephone/E-Mail Address**

**Daytime Phone**

Area Code                      Phone Number

**E-Mail Address** (Please print clearly)

7 **I am applying for:**

- Original permit
- Extension of original permit
- Additional site or supervisor  
(No fee required)
- Change in site or supervisor  
(No fee required)

8 **WORK LOCATION(S):**

Office name: \_\_\_\_\_  
Office address: \_\_\_\_\_  
Office name: \_\_\_\_\_  
Office address: \_\_\_\_\_

9 **ATTESTATION**

I 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 of permit and licensure and may result in criminal prosecution.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo.                      day                      yr.

**9 CITIZENSHIP/IMMIGRATION STATUS:**

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

**I AM: (Check one box)**

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.)  
Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States:  
\_\_\_\_\_

If you checked any of the boxes from B – H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): \_\_\_\_\_

*USCIS number*

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR FOR ADDITIONAL INFORMATION YOU MAY VISIT THEIR WEB SITE AT WWW.USCIS.GOV.**

**SECTION II: CERTIFICATION OF SUPERVISOR**

**INSTRUCTIONS TO SUPERVISING VETERINARIAN**

By completing the information in Section II of this form, the supervisor is certifying that the applicant named in Section I will be employed under the supervision of a licensed veterinarian who is currently registered in New York State and that the supervisor agrees to abide by the conditions stipulated on the permit.

- A limited permit shall expire one year from the date of issuance or until the permittee has had the opportunity to take the licensing examination and receive the results, whichever occurs first.
- The applicant may not be employed until the limited permit is issued.
- Complete Section II of this form. Sign and date the certification and return the form to the applicant for submission to the Office of the Professions.

- Applicant's name: \_\_\_\_\_
- Name of supervising veterinarian: \_\_\_\_\_  
(Please print)
- License number: \_\_\_\_\_
- Office name: \_\_\_\_\_
- Office address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip code)
- Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CERTIFICATION**

**I certify that the applicant named in Section I will be employed under the supervision of a New York State licensed currently registered veterinarian and that the supervisor agrees to abide by the conditions stipulated on the permit.**

**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 would be professional misconduct and may be cause for disciplinary action against my professional license.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Supervising veterinarian) mo. day yr.

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Print name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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.**