

**Clinical Laboratory Technologist/
Certified Histological Technician
Form 5PP
Application for Provisional Permit**

ONLY USE THIS FORM if you currently hold a New York State Limited License for Clinical Laboratory Technologist or Certified Histological Technician.

Applicant Instructions

1. A provisional permit authorizes practice as a clinical laboratory technologist, or a certified histological technician under the general supervision of the director of a clinical laboratory, as determined by the Department. 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 10.**
2. Submit this application and the appropriate provisional permit fee (\$345 for clinical laboratory technologists; \$245 for certified histological technicians) to the Office of the Professions at the address at the end of this form. **Permits cannot be issued until all required documentation has been received and approved.** The provisional permit is valid for a period of one year. The permit may be renewed for one additional year at the discretion of the Department.
3. 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 5PP 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.

Check what you are applying for (check one):

- Clinical Laboratory Technologist Provisional Permit **92 \$345 PR** Certified Histological Technician Provisional Permit **91 \$245 PR**

Section I: Applicant Information

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

Area Code Phone
Email Address (please print clearly)
 Home or Business
4. 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
6. 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)*

7. I am applying for Original Permit (Include appropriate fee) Renewal (Attach justification and include appropriate 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.

8. Limited License Number _____ Clinical Laboratory Technologist Certified Histological Technician
To look up your Clinical Laboratory Technologist or Certified Histological Technician Limited License number, use the online verification function on the Office of the Professions' web site at www.op.nysed.gov.

9. Name of prospective supervising Clinical Laboratory Director _____

10. 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.

Signature

Date

Section II: Clinical Laboratory Director's Certification of Employment

A provisional permit may be issued to an applicant who has met the requirements of Education Law section 8608(2). A permit is valid for one year and may be renewed for one additional year at the discretion of the Department.

Clinical Laboratory Director Instructions: Complete items 1-4, and sign and date the attestation to certify that the applicant will be employed as a clinical laboratory technologist or a certified histological technician by the facility or in the setting described.

1. Name of the applicant _____

2. Name of the Director of the Clinical Laboratory that will supervise the applicant

(Print full name - no initials)

Does the above named director hold a certificate of qualification issued by the NYS Department of Health? Yes No

If "yes", certificate number _____

3. Name of the Facility where the applicant will be employed

Address _____

Telephone _____ Fax _____ E-mail _____

4. Title under which the applicant will be employed _____

Attestation of Clinical Laboratory Director

I declare and affirm that the information provided in the foregoing certification is true, complete and correct. Any false or misleading information in, or in connection with this certification may be cause for denial of permit and licensure and disciplinary action against my license and may result in criminal prosecution.

Clinical Laboratory Director's Signature

Date

Print Name _____

Title _____

Address _____

Telephone _____

Fax _____

Email _____

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