

Psychologist Form 5B

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 jurisdiction, 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 other licensure requirements except the examination.

If you meet these eligibility requirements then:

- 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 the entire form. 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. You must have a Form 3 submitted for each jurisdiction you list in item 8. **Be sure to sign and date item 9.**
- You may apply for a limited permit either at the same time as or after submitting an application for a license as a psychologist in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee (\$294), you must submit them with this form and the limited permit fee.
- Submit this application and the limited permit fee (\$70) to the Office of the Professions at the address at the end of this form. The limited permit fee is not refundable. **Permits cannot be issued until all required documentation has been received and approved. You may not begin practice until the limited permit is issued.** The limited permit is valid for a period of not more than 12 months, or until 10 days after notification of failure of the professional licensing examination or until the results of a licensing examination for which you are eligible are officially released, whichever comes first. **A limited permit cannot be renewed.**

Application for Psychologist

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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

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4. Mailing Address Home or Business
(You must notify the Department promptly of any address or name changes)

Area Code Phone
Email Address (please print clearly)
 Home or Business

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. 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.

8. Indicate all jurisdiction(s) where you have been licensed.

Jurisdiction _____	License Number _____
Jurisdiction _____	License Number _____
Jurisdiction _____	License Number _____
Jurisdiction _____	License Number _____
Jurisdiction _____	License Number _____

You must have a Form 3 submitted for each jurisdiction you have listed.

9. Practice setting where you will practice psychology in New York State.

Setting Name _____

Setting Address _____

Telephone _____ Fax _____ Email _____

The above setting is a (select one and attach operating certificate, charter, waiver or other documentation):

- professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of psychology.
- sole proprietorship owned by a licensee who provides services that are within the scope of his or her profession and services that are within the scope of practice of psychology.
- professional partnership owned by licensees who provide services that are within the scope of practice of psychology.
- program or service operated, regulated, funded, or approved by the New York State Office of Mental Health (OMH), Office of Addictions Services and Supports (OASAS), Office for People With Developmental Disabilities (OPWDD), Office of Children and Family Services (OCFS), Department of Corrections and Community Supervision (DOCCS), Office of Temporary and Disability Assistance (OTDA), the State Office for the Aging and the Department of Health or a local governmental unit as that term is defined in section 41.03 of the Mental Hygiene Law or a social services district as defined in section 61 of the Social Services Law.
- entity holding a waiver issued by the Department pursuant to section 6503- a or 6503-b of the Education Law to provide services that are within the scope of practice of psychology.
- a program or facility authorized under federal law to provide services that are within the scope of practice of psychology.
- entity authorized under New York law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of psychology.

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's Signature

Date

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.