

# Pathologists' Assistant Form 5

## Application for Limited Permit

The University of the State of New York  
The State Education Department  
Office of the Professions  
Division of Professional Licensing Services

### Applicant Instructions

1.	89	\$105	PR
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1. A limited permit authorizes practice as a pathologists' assistant under the direction and supervision of licensed and registered physician who practices anatomic pathology. Complete Section I. Be sure to sign and date item 9. It is your responsibility to ensure that your supervisor fully completes Section II.
2. You may apply for a limited permit either at the same time as or after submitting an application for a license as a Pathologists' Assistant in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee (\$200), you must submit them with this form and the limited permit fee.
3. Submit this application and the \$105 fee to the Office of the Professions at the address at the end of this form. The limited permit fee is not refundable.
4. Permits cannot be issued until all required documents have been received and approved.
5. If you have a change of, or additional supervisors/employers after a permit is issued, you must obtain a reissued permit. Complete a new Form 5 with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a reissued permit as a result of changes in supervisors/employers.
6. A limited permit holder is subject to the full disciplinary and regulatory authority of the Board of Regents pursuant to Title VIII of the Education Law, as if the permit were a professional license under Article 134 of the Education Law.

### Section I - Applicant Information

2. Social Security Number 3. Birth Date    Month    Day    Year  
*(Leave this blank if you do not have a U.S. Social Security Number)*
4. Print Your Name Exactly As It Appears On Your Application for Licensure (Form 1) 6. Telephone/Email Address
- Last Daytime Phone
- First Area Code                  Phone
- Middle Email Address (please print clearly)
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 \_\_\_\_\_

7. I am applying for     Original Permit                   Additional Supervisor                   Additional Employer
- Change of Supervisor                   Change of Employer                   Extension

8. Name of employer \_\_\_\_\_

### 9. Attestation

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 - Supervising Physician's Certification of Employment

A limited permit may be issued to an applicant who has met all requirements for licensure except the licensing examination. The permit is valid for one year, and may be extended for one additional year for good cause as determined by the Department. **A Pathologists' Assistant permit holder may only practice as a pathologists' assistant under the direction and supervision of a licensed physician who practices anatomic pathology and pursuant to the order and direction of that licensed physician.**

The applicant named in Section I is seeking a limited permit to practice as an pathologists' assistant in New York State. Complete the information below to certify that the applicant will be supervised at the setting named below.

Applicant's Name \_\_\_\_\_  
(Section I, item 4)

Supervisor's Name (print full name - no initials) \_\_\_\_\_

Are you a licensed and registered physician who practices anatomic pathology?  Yes  No

New York State License Number \_\_\_\_\_

Hospital/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

### Attestation of Supervising Physician Who Practices Anatomic Pathology

I certify that the applicant named in Section I will be under my direct supervision. 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**If you are applying for an original permit or extension; 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/employer; mail this form to:** New York State Education Department, Office of the Professions, Pathologists' Assistant Unit, 89 Washington Avenue, Albany, NY 12234-1000 U.S.A.. **No fee is needed for this option.**