Acupuncture Form 5	The University of the State of New York THE STATE EDUCATION DEPARTMENT	Department Use Only		
	Office of the Professions Division of Professional Licensing Services 89 Washington Avenue Albany, NY 12234-1000 www.op.nysed.gov			
	for Limited Permit nited Permit Fee is Not Refundable			
You may file an application for a limited per acupuncturist in New York State. The limited year pending completion of your examination under the on-site supervision of a New York S York State licensed and currently registered practitioner may supervise more than one p incorporated hospital or clinic, a licensed pri agency, the office of a licensed or certified	ANT INSTRUCTIONS init with or after submitting an application for licensure as a permit allows you to practice acupuncture for a period of one in requirement. A permittee can practice acupuncture only tate licensed and currently registered acupuncturist or a New physician or dentist certified to practice acupuncture. No ermittee. Legal practice sites include a public hospital, an oprietary hospital, a licensed nursing home, a public health acupuncturist or in the civil service of the federal or state a period of one year and may be renewed for up to one t.	1 25 \$70 PR Permit Number		
	er must complete Section II. Send this completed form with a	Date Issued		
	rk State Education Department at the address at the end of ation for Licensure and First Registration (Form 1) and the	Date Expires		
	n and the limited permit fee. Your limited permit can not be			
SECTION I: APPLICANT INFORMATION		6 Telephone/E-Mail Address		
		Daytime Phone		
2 Social Security Number (Leave this blank if you do not have a U.S. So	ial Security Number)	Area Code Phone Number		
		E-Mail Address (Please print clearly)		
3 Birth Date Month Day	Year			
4 Print Name Exactly As It Appears On Y	/our Licensure Application (Form 1)	7 I Am Applying For:		
		Original Permit		
First		Renewal of Original Permit		
5 Mailing Address (You must notify the D	epartment promptly of any address or name changes.)			
Line 1				
Line 2				
Line 3				
City				
State Zip Code Zip Code				
Country/				
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EMPLOYER INSTRUCTIONS:	1. P	Please type or print all information. Give the full name of the employing agency.
	e b	Please note that you can not employ the applicant until he or she submits to you the mployer's copy of the limited permit we issue. Both an employer and the employee ma e prosecuted under Title VIII of the Education Law if an individual is employed as an cupuncturist without a license or limited permit.
	3. N	lo practitioner may supervise more than one permittee.
	tł	By completing Section II, the employer certifies that the permittee will be employed under the on-site supervision of a licensed acupuncturist or a licensed physician or dentist certifin acupuncture, and that the expiration date of the limited permit will be noted and observ
FULL NAME OF EMPLOYER:		
Street Address:		
City:		State: Zip Code:
Telephone: Area code: () Numbe	r: -
Fax: Area code: () Nun		
E-mail:		
Name of Supervisor:		
Supervisor's Signature:		
Supervisor's Profession (check one):	:	
Acupuncture		N.Y.S License Number:
Physician Certified In Acu	ouncture	N.Y.S License Number:
		N.Y.S License Number:
ATTESTATION		
		n I will be employed under the on-site supervision of the licensed acupuncturist, physicia n date of the limited permit will be noted and observed.
	expiration	r date of the nimited permit will be noted and observed.
Signature		//
Print employing officer's name		
Title		