

Occupational Therapy Form 5CS Certification of Supervisor for Limited Permit

Use this form ONLY if you are applying/have applied for a New York State Limited Permit as a Occupational Therapist or Occupational Therapy Assistant online.

Applicant Instructions

1. Complete Section I. Have your prospective supervisor complete Section II. It is your responsibility to ensure your supervisor fully completes Section II. Failure to complete this form will delay its review. Submit the completed certification to the Office of the Professions as directed at the end of the form.
2. If you change supervisors or have additional settings or supervisors after a permit is issued, you must obtain an amended permit. Complete the online Limited Permit Change Form application (<https://eservices.nysed.gov/professions/wf/limited-permit-change>) and submit a Form 5CS for each new prospective supervisor. A new fee is not required for a permit issued as a result of a change in supervisor or setting.

Check what you are applying for (check one):

Occupational Therapist

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Occupational Therapy Assistant

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Section I: Applicant Information

1. Social Security Number _____ 2. Birth Date _____ Month _____ Day _____ Year _____
(Leave this blank if you do not have a U.S. Social Security Number)

3. Print Name Last _____
First _____
Middle _____

4. I am applying for Original Permit Renewal
 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.

Section II: Supervisor's Certification

Supervisor Instructions: Complete this Section to certify that the applicant named above will be under your direction and supervision. For both occupational therapists and occupational therapy assistants, you must be a New York State licensed and currently registered occupational therapist or physician with the endorsement of the employer. The applicant may not practice until the limited permit is issued. A limited permit does not authorize the treatment of patients in a home care service of any hospital, clinic or agency or in a private practice. Limited permits expire one year from the date of issue and may be renewed for one additional year for good cause as determined by the Department.

Supervisor's Name _____

I am licensed and currently registered to practice in New York State as a: Occupational Therapist Physician

New York State License number _____ Date licensed _____ mo. _____ day _____ yr. Registration Expiration Date _____ mo. _____ day _____ yr.

Employer (All employers and practice sites of the permittee must be located in New York State.):

Business Name _____
(Spell out/No abbreviation)

Business Address _____
Street

_____ City _____ State _____ Zip Code

_____ Telephone _____ Fax _____ Email

Section II: Supervisor's Certification (continued)

Setting in New York State where supervised experience will take place (if different than employer):

Setting Name _____
(Spell out/No abbreviation)

Setting Address _____
Street

_____ *City* _____ *State* _____ *Zip Code*

_____ *Telephone* _____ *Fax* _____ *Email*

Check the type of setting where the supervised experience is to take place (check one).

- | | |
|-------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Public hospital | <input type="checkbox"/> Licensed nursing home |
| <input type="checkbox"/> Licensed proprietary hospital | <input type="checkbox"/> Incorporated hospital or clinic |
| <input type="checkbox"/> Recognized public or non-public school setting | <input type="checkbox"/> Voluntary hospital |
| <input type="checkbox"/> Public health agency | |

Attestation

I certify that the applicant named in Section I will be under my supervision. 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 may be the cause for denial of permit and licensure and disciplinary action against my license and may result in criminal prosecution.

Supervisor Signature _____ Date _____

Print Name _____

Address _____

Telephone _____

Fax _____

Email _____

Submitting this form

Upload this form in your online limited permit application. If you have already submitted your online limited permit application, upload this form to:

<https://eservices.nysed.gov/professions/wf/document>

You will need the Application ID of your limited permit submission that was emailed to you and your date of birth.

Or

You can mail this form along with any required documentation to:

New York State Education Department
Office of the Professions
Occupational Therapy Unit
89 Washington Avenue
Albany, NY 12234-1000