

SECTION II: EMPLOYER INFORMATION

INSTRUCTIONS FOR PROSPECTIVE EMPLOYER

1. Pursuant to Section 7007 of the Education Law, all practice under a limited permit must be supervised by a New York State licensed and currently registered podiatrist.
2. This permit is valid only for:
 - a. Practice in a hospital or health facility pursuant to Article 28 of the Public Health Law; or
 - b. A clerkship conducted by a podiatrist designated as a member of the faculty of an approved school of podiatry for the purposes of a preceptorship program; or
3. Limited permits expire one year from the date of issuance.

Limited permits issued for use in an Article 28 facility or in a clerkship may be renewed for one additional year at the discretion of the Department.

4. IT IS UNLAWFUL FOR THE APPLICANT TO BEGIN PRACTICE BEFORE THE LIMITED PERMIT IS ISSUED.

PRACTICE LOCATION

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

Email address: _____

ATTESTATION

I certify that the individual named in this application has been offered a position as a: (check one)

- staff member of a hospital or health facility pursuant to Article 28 of the Public Health Law;
- clerk in a preceptorship program; or

Supervising Podiatrist (please print): _____

Signature of Supervising Podiatrist: _____

Supervisor's N.Y.S. License Number: _____ Date: _____

Telephone: _____ Fax: _____

E-mail address: _____

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. NOT SEND CASH. Make check or money order payable to the New York State Education Department.