

Physical 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 Physical Therapist or Physical Therapist 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):

Physical Therapist **62**

Physical Therapist Assistant **66**

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

A limited permit may be issued to an applicant who meets all requirements for admission to the certification examination. The permit is valid for six months, and may be renewed, at the discretion of the Department, for an additional six months. The applicant may not practice until the limited permit is issued. A physical therapist serving as the supervisor may not concurrently supervise more than four (4) permittees.

Supervisor Instructions: Complete Section II to certify that the applicant will be under your on-site supervision at the setting named below. For both physical therapists and physical therapy assistants, you must be a New York State licensed and currently registered physical therapist in a public hospital, an incorporated hospital or clinic, a licensed proprietary hospital, a licensed nursing home, a public health agency, a recognized public or non-public school setting, the office of a licensed physical therapist or in the civil service of the State or political subdivision thereof.

Practice Exemption for Physical Therapy applicants: New graduates of New York State or APTA accredited physical therapist education programs registered by the New York State Education Department may be employed for 90 days immediately following graduation without holding a limited permit under the on-supervision of a New York State licensed currently registered physical therapist.

Supervisor's Name _____

I am a licensed and currently registered to practice as a Physical Therapist in New York State.

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).

- Public hospital
- Licensed proprietary hospital
- Recognized public or non-public school setting
- Office of a licensed physical therapist
- Public health agency
- Licensed nursing home
- Incorporated hospital or clinic

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
Physical Therapy Unit
89 Washington Avenue
Albany, NY 12234-1000