

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*

Attestation

I declare and affirm, under penalty of perjury, (1) that I am authorized by the employing Hospital/Organization to complete the above information, (2) that the applicant is employed by the above identified Hospital/Organization, (3) that the applicant meets the qualifications established by such Hospital/Organization to perform extracorporeal or intracorporeal services under the order and direction and supervision of a licensed physician, (4) that the setting the applicant will practice perfusion is either in a general Hospital licensed pursuant to article twenty-eight of the public health law or during the transport of patients or organs supported by extracorporeal or intracorporeal equipment, and (5) 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
Perfusion Unit
89 Washington Avenue
Albany, NY 12234-1000