

Medical Physicist Form 1 Application for Licensure

All applicants for licensure must complete this form and submit it with the appropriate fee directly to the Office of the Professions at the address at the end of this form. The fee for initial licensure is \$495. Each additional specialty license requires a fee of \$370. You must submit a separate Form 1 (and appropriate fee) for each specialty license you are requesting. You must answer all questions **in ink** (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **You must sign and date the Affidavit on this form in the presence of a Notary Public.**

Check one to indicate which specialty license you are applying for and whether it is for an initial license or an additional specialty.
Please note: A separate application (Form 1) is needed for each specialty

Diagnostic Radiologic Physics	<input type="checkbox"/> Initial License	<input type="checkbox"/> Additional Specialty
Medical Health Physics	<input type="checkbox"/> Initial License	<input type="checkbox"/> Additional Specialty
Medical Nuclear Physics	<input type="checkbox"/> Initial License	<input type="checkbox"/> Additional Specialty
Therapeutic Radiological Physics (or Radiation Oncology Physics)	<input type="checkbox"/> Initial License	<input type="checkbox"/> Additional Specialty

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

Telephone/Email Address
5. Daytime Phone
 Home or Business

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4. Mailing Address Home or Business
(You must notify the Department promptly of any address or name changes)

Area Code Prefix Line Number
Email Address (please print clearly)
 Home or Business

Line 1
Line 2
Line 3
City
State ZIP Code
Country/
Province

6. New York State DMV ID Number
(Driver or Non-Driver ID)

*(Leave this blank if you do not have a
New York State DMV ID Number)*

7. Name as it appears on degree or other credentials (if different from above) _____

8. Have you previously applied for New York State licensure in any profession? Yes No
If "yes", in what profession(s)? _____

9. I am currently licensed in New York State in the following medical physics specialty area(s) (Select all that apply):

- | | |
|---|-----------------------|
| <input type="checkbox"/> Diagnostic Radiological Physics | License Number: _____ |
| <input type="checkbox"/> Medical Health Physics | License Number: _____ |
| <input type="checkbox"/> Medical Nuclear Physics | License Number: _____ |
| <input type="checkbox"/> Therapeutic Radiological Physics (or Radiation Oncology Physics) | License Number: _____ |

10. **You must complete all information for all schools/colleges/universities attended or your application will be considered incomplete.**

High School/Secondary School or Equivalency Diploma Issuer - Please complete the section below with details about your high school/secondary school or equivalency diploma issuer. Attach additional sheets if you attended multiple schools. Any missing information will be considered an incomplete application.

Name of School _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____ Completion date _____
mo. yr. mo. yr. mo. yr.

Postsecondary Education - Please complete the section below with details about your postsecondary education. Use spaces below as needed and attach additional sheets if necessary. Any missing information will be considered an incomplete application.

a. Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____ Or Still in progress

Date Degree/Diploma/Certificate awarded _____
mo. yr.

b. Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____ Or Still in progress

Date Degree/Diploma/Certificate awarded _____
mo. yr.

c. Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____ Or Still in progress

Date Degree/Diploma/Certificate awarded _____
mo. yr.

11. Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must certify that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

CHECK ONLY A OR B BELOW. If you check B, you must check one of the five statements listed below it.

A I am not under an obligation to pay child support;

Or

B I am under an obligation to pay child support *and* (please check only one of the following)

I am current and **am not** four months or more in arrears in the payment of child support; or,

The child support obligation is the subject of a pending court proceeding; or,

I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,

I am receiving public assistance or supplemental security income; or,

None of the above four statements apply.

*New York State General Obligations Law, section 3-503

12. Citizenship/Immigration Status

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

A. A United States citizen or National.

B. An alien lawfully admitted for permanent residence in the United States.

C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.

D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.

E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.

F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.

G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.

H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States _____

I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify _____

J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THE [USCIS WEBSITE](http://www.uscis.gov) (www.uscis.gov).

13. Gender and Ethnicity **(This item is optional)**

Information on gender and ethnicity is sought solely to allow the New York State Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender Male Female

Ethnicity White (not Hispanic) Black (not Hispanic) Asian Hispanic Native American

14. Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing. Yes No

Please initial _____

15. Affidavit with Acknowledgement **(Notarization required)**

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Applicant's Signature

Date

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____,

Applicant name

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's Signature

Notary Stamp

Notary ID number

Expiration Date

If you are submitting an initial Form 1; mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201, U.S.A.. **DO NOT SEND CASH.** Make check or money order payable to the New York State Education Department.

If the Department has requested an updated Form 1; mail this form to: New York State Department, Office of the Professions, Medical Physics Unit, 89 Washington Avenue, Albany, NY 12234-1000. U.S.A.. **NO FEE IS NEEDED FOR THIS OPTION.**