

Podiatrist Form 5D

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Department Use Only

Application for Limited Residency Permit for Applicants Who Are Not Applying for Licensure in New York State

Note: Use this form to apply for a limited residency permit if you are **not** applying for licensure or are already licensed in New York State. If you **are** applying for licensure or are already licensed in New York State, you must use Form 5C to apply for a Limited Residency Permit.

Effective July 1, 2011

You must pass both Parts I and II of the National Board examinations **prior** to beginning a post-graduate podiatric residency program. Therefore, if this is the first time you are applying for a Limited Residency Permit (an original permit), you will have to achieve passing scores on both examinations before you can be issued a permit. **This requirement does not apply if you are already in a residency program. Note:** Beginning with the Class of 2015, excluding the Class of 2016, and continuing with the class of 2017, there are two components to the Part II examination: Part II written and Part II CSPE. Candidates must pass the Part II written examination and the Part II CSPE before the Part III examination can be taken.

Applicant Instructions

1. Complete Section I in ink. You must sign and date the Affidavit on this form in the presence of a Notary Public. Your prospective employer must complete Section II.
2. The fee for an initial limited residency permit is \$105; the fee for each renewal is \$50. **Do not send cash.** Please make your check or money order payable to: New York State Education Department. **Please Note:** Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency. Payments submitted in any other form will not be accepted and will be returned.
3. Send the entire form, any required documentation and the appropriate fee to the address at the end of this form. You must also submit evidence of completion of NYS approved training in the identification and reporting of child abuse if not previously submitted. In addition, you must ask the examination administrator to send your Part I and Part II passing scores. You must also certify your professional education using Certification of Professional Education (Form 2).

Section I: Applicant Information

1 Check what you are applying for:

- Original 65 \$105 PR
- Renewal 65 \$50 PR

2 Social Security Number

3 Birth Date Month Day Year

4 Print Name

Last

First

Middle

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

Line 1

Line 2

Line 3

City

State Zip Code

Country/Province

9 Print name as it appears on degree or other credentials (if different than above):

10 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes No

11 Are criminal charges pending against you in any court? Yes No

12 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes No

13 Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

Permit Number

Date Issued

Date Expires

Initials

6 Telephone/E-Mail Address

Daytime phone

Area Code Phone

E-mail Address (please print clearly)

7 I am applying for:

- Additional Supervisor/Facility (no fee required)
- Change of Supervisor/Facility (no fee required)

8 Have you applied for a license to practice Podiatry in New York State?

Yes No

If **yes**, complete **Form 5C** instead of this form. (Use Form 5D if you are already licensed in New York State)

14 Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? **Yes** **No**

NOTE: If you answer "Yes" to any questions numbered 10-14, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. In answering these questions, consider whether, pursuant to Executive Law § 296(16), you are required to report any arrests, criminal accusations, or dispositions of such arrests or criminal accusations. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.

15 Prospective employer name: _____
 Address: _____

16 Please print clearly giving an accurate record of your educational preparation below. Be sure to complete all information for all colleges/universities attended and degrees received. Attach additional sheets if necessary.

Name of Primary School (If educated outside the United States): _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____
 mo. day yr.

Name of High School/Secondary School or GED Diploma issuer: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____ or Date GED issued: _____ / _____ / _____
 mo. day yr. mo. day yr.

Professional School(s):

1. Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title or Degree/Diploma/Certificate awarded (in the original language): _____

2. Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title or Degree/Diploma/Certificate awarded (in the original language): _____

3. Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title or Degree/Diploma/Certificate awarded (in the original language): _____

17 Do you now hold, or have you ever held, a license or certificate to practice any profession* in any jurisdiction? **Yes** **No**

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

*Profession is defined as professional titles licensed under New York State Education Law.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

18 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 THEIR WEB SITE AT WWW.USCIS.GOV.

19 Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement 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,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; 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.

20 Child Abuse Identification and Reporting Coursework Requirement (check only one of the following):

- I graduated from a New York State podiatry program after September 1, 1990.
- I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider.
- I am filing for an exemption to the requirement and have enclosed the Certification of Exemption (Form 1CE).

21 Gender and Ethnicity: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the 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

22 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: _____

23 Affidavit and Acknowledgment (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.**

Signature of the applicant: _____

Date: _____ / _____ / _____
mo. day yr.

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual **Applicant Name** 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 signature: _____

Notary ID number: _____

Expiration date: _____ / _____ / _____
mo. day yr.

Notary Stamp

Section II: Employer Information

Instructions for Prospective Employer

1. Pursuant to Section 7008 of the Education Law, a New York State licensed and currently registered podiatrist must supervise all practice under a limited residency permit. However, practice under this permit requires the direct personal supervision of an authorized and competent New York State licensed physician when procedures involve practice beyond that authorized by Section 7001 of the Education Law.
2. This limited residency permit is valid only for practice in a hospital or health facility pursuant to Article 28 of the Public Health Law.
3. Limited residency permits expire three years from the date of issuance. The permit may be renewed for additional one-year periods at the discretion of the Department, if necessary.
4. **It is unlawful for the applicant to begin practice before the Limited Residency Permit is issued*.**

***Effective July 1, 2011**, the Council on Podiatric Medical Education (CPME) requires that new residency applicants **must** pass both Parts I and II of the National Board examination **before** they can be issued a permit. This requirement does not apply if the applicant is already in a residency program.

Practice Location

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

E-mail address: _____

Attestation

I certify that the individual named in this application has been offered a position as a resident in a post-graduate podiatric residency program.

Supervising Podiatrist Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

License number: _____

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. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.