

Polysomnographic Technologist 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 Polysomnographic Technologist 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.

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 Extension
 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 authorizes practice as a Polysomnographic Technologist under the direction and supervision of a New York State licensed and currently registered Physician and under the direct and immediate supervision of a currently registered New York State licensed Polysomnographic Technologist or Respiratory Therapist whose scope of practice includes all of the tasks he or she will be supervising. Each supervisor will need to fill out a separate Form 5CS. Limited permits expire one year from the date of issue and may be renewed for one additional year. The applicant may not practice until the limited permit is issued.

Supervisor Instructions: Complete Section II to certify that the applicant will be under your direction and supervision at the setting named below.

Supervisor's Name _____

I am licensed and currently registered to practice in New York state as a : Physician Polysomnographic Technologist
 Respiratory Therapist

New York State License number _____ Date licensed _____
mo. day yr.

Registration Expiration Date _____
mo. day yr.

Employer (Employer and practice site 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*

Attestation

I declare and affirm that the information provided in the foregoing certification is true, complete and correct. Any false or misleading information in, or in connection with this certification may be 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
Polysomnographic Technology Unit
89 Washington Avenue
Albany, NY 12234-1000