

Cytotechnologist Form 5 Application for Limited Permit

Applicant Instructions

1. A limited permit authorizes practice as a cytotechnologist under the general supervision of a Clinical Laboratory Director. Complete Section I. Be sure to sign and date item 9. It is your responsibility to ensure that your employer fully completes Section II.
2. You may apply for a limited permit either at the same time as or after submitting an application for licensure as a cytotechnologist in New York State. If you have not yet filed an application (Form 1) and the \$345 fee, you must submit them with this form and the limited permit fee. **Permits cannot be issued until all required documentation has been received and approved.**
3. Submit this application and the \$50 limited permit fee to the Office of the Professions at the address at the end of this form. The limited permit fee is not refundable.
4. If you change supervisors or have additional supervisors after a permit is issued, you must obtain an amended permit. Complete a new Form 5 with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a permit issued as a result of a change in supervisor/ employer.
5. The limited permit is valid for a period of 24 months. The permit may not be renewed.

Cytotechnologist Limited Permit

93 \$50 PR

Section I: Applicant Information

1. Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)
2. Birth Date Month Day Year
3. Print Name Last
 First
 Middle
5. Telephone/Email Address
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)
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. I am applying for Original Permit (Include \$50 fee)
 Additional Supervisor
 Change of Supervisor*

*If you are applying for a change of supervisor, please indicate the supervisor being cancelled.

8. Name of prospective supervising Clinical Laboratory Director _____

9. I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and certification/licensure and may result in criminal prosecution.

Signature

Date

Section II: Clinical Laboratory Director's Certification of Employment

A limited permit may be issued to an applicant who has met all requirements for licensure except the licensing examination. The permit is valid for 24 months, and may not be renewed.

Clinical Laboratory Director Instructions: Complete items 1-4, and sign and date the attestation to certify that the applicant will be employed as a cytotechnologist by the facility or in the setting described.

1. Name of the applicant _____

2. Name of the Director of the Clinical Laboratory that will supervise the applicant

(Print full name - no initials)

Does the above named director hold a certificate of qualification issued by the NYS Department of Health? Yes No

If "yes", certificate number _____

3. Name of the Facility where the applicant will be employed

Address _____

Telephone _____ Fax _____ E-mail _____

4. Title under which the applicant will be employed _____

Attestation of Clinical Laboratory Director

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.

Clinical Laboratory Director's Signature

Date

Print Name

Title

Address

Telephone

Fax

Email

If you are applying for an original permit, 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 you are ONLY applying for a change of, or additional supervisor, mail this form to: New York State Education Department, Office of the Professions, Clinical Laboratory Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000. **No fee is needed for this option.**