

Confirmation of Permittee Separation from Supervisor and/or Practice Setting

Use this form to confirm the separation of a permittee from a supervisor and/or practice setting. Either in support of an online confirmation of separation by the permittee, or, if necessary, directly from the supervisor and/or employer who operates the practice setting as notification to the Department of the separation.

Instructions: Make sure this form is complete before submitting it to the Department as instructed at the end of the form. **This form must bear an original signature by the supervisor and/or employer who operates the practice setting or it will not be accepted by the Department.**

Important Note: In the case of the permittee having multiple supervisors, a separate Confirmation of Separation of Supervisor and/or Practice Setting form must be submitted for each supervisor.

Permittee Information Section

Permittee Name _____

Permittee Profession _____

Limited Permit Number **P**

Supervisor/Practice Setting Information Section

Supervisor

Supervisor Name _____

Supervisor Profession _____

New York State License Number _____

Title _____

Telephone _____ Fax _____ Email _____

Practice setting in New York State where supervision took place

Employer Name _____

Setting Address _____

Street

City

State

Zip Code

Telephone

Fax

Email

Permittee Supervision/Employment Dates

Beginning date Ending date
mo. day yr. mo. day yr.

I confirm that the permittee named on this form is no longer under my supervision. (complete if appropriate)

Supervisor Signature _____ Date _____

Print Name _____

I confirm that the permittee named on this form is no longer under my employment. (complete if appropriate)

Employer Signature _____ Date _____

Print Name _____

If this form is being submitted by the Permittee in support of an online confirmation of separation: Upload the completed form on the Office of the Professions' website at [insert upload link here].

If this form is being submitted by the Supervisor/Employer who operates the practice setting as notification to the Department of the separation: Email the completed form to DPLSExperience@nysed.gov