The University of the State of New York **Department Use Only** Massage Therapist Form 5 THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov **Application for Limited Permit APPLICANT INSTRUCTIONS** You may not engage in private practice if you hold a limited permit. You must be employed by a licensed massage therapist or by an entity authorized to practice massage therapy that engages a licensed massage therapist to provide personal, on-site supervision. You may file an application for a limited permit with or after submitting an Application for Licensure (Form 1) and fee as a massage therapist in New York State to practice pending receipt of the license. 27 \$35 PR Complete Section I in ink. Be sure to sign and date item 10 on page 2. Note: Once limited permits are issued, they may not be adjusted. You should be certain you are ready to begin practice when you apply for the limited permit. **NYS Permit Number** Forward to your supervisor to complete Section II. Submit the completed application and a \$35 fee to the address at the end of this form. If you have not yet filed an Application for Licensure (Form 1) and the \$108 fee, you must submit them with this form and the limited permit fee. Your permit cannot be issued until we receive and approve all required documentation. You may not Date Issued begin practice until your limited permit is issued. The limited permit fee is not refundable. If you change employment after a permit is issued, you must obtain a new permit and, with each prospective employer, complete a new form 5 and return it to the Office of the Professions. A new fee is not required for a **Date Expires** permit issued as a result of a change in employment. The original permit must be signed/dated on the back and returned to the Department. **SECTION I: APPLICANT INFORMATION** Telephone/E-Mail Address 2 **Social Security Number** (Leave this blank if you do not have a U.S. Social Security Number) **Daytime Phone** 3 Month Day **Birth Date** Year Area Code Phone Number Print Your Name Exactly As It Appears On Your Licensure Application (Form 1) E-Mail Address (Please print clearly) Last First Middle Mailing Address (You must notify the Department promptly of any address or name changes.) I am applying for: Line 1 ☐ Additional supervisor/site Line 2 Line 3 City Zip Code State Country/ Province **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 United States citizen or National.] B. An alien lawfully admitted for permanent residence in the United States. An alien granted asylum under Section 208 of the Immigration and Nationality Act. ∐ U. □ D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act. 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. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980. Hμ. 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: 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. Massage Therapist Form 5, Page 1 of 2, Rev. 6/16

9	Em	nployers Name:						
10		Affidavit: I declare and affirm that the statemen n, or in connection with, my application may be					leading info	rmation
	_	Applicar	nt's signature			/ _ / _	/ _ day	
(a) b)	NOTICE TO APPLICANTS FOR B Limited Permits. The Department may issue applicants who are eligible for the licensing ex. The limited permit is valid for no more than 12 officially available. It is not renewable. Personal supervision, as used in section 7806 premises at all times when professional servic supervision appropriate to the circumstances.	LIMITED PERMIT AUTHO a limited permit in massage amination and who have not months or until the results of (3) of the Education Law, sh	e therapy as provi previously failed of the next licensing all mean that a su	ded in section 7806 of the such examination. ng examination for which the supervising massage therapi	ERAPY Education L e applicant i	aw to is eligible a	re
SE	СТІ	TION II: CERTIFICATION OF SUPERVISI	NG MASSAGE THERAP	IST				
	1. 2. 3.	practice under the supervision of a New Yo The applicant may not practice until the lim	rk State licensed, currently r ted permit is issued. the applicant's education I	egistered massag	ge therapist. ed, and shall expire one	ear from th	ne date of	
	1	Name of supervising massage therapist: _						
	2	2. License number:						
	3	3. Office address:						
		Street		City	State	Zip cod		
	4	4. Telephone number: () E-mail:		Fax:				
	5	5. Is this the only location in which the permit If no, please indicate additional practice sit ———————————————————————————————————	ee will practice?	□ NO				
	6	6. Are there any other massage therapy perm If so, how many? What are their names?		upervision?	YES NO			
		ATTESTATION I declare and affirm that the statements made in or in connection with this certification may be signature Title Print name		and licensure and			information	n
RE		RN DIRECTLY TO: New York State Educat	ion Department, Office	of the Profess	ions, PO Box 22063, A	lbany, NY	12201.	
			Massage Therapist Form			-		