

Pharmacist Form 5

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 (Intern) Permit

1 20 \$70 PR

APPLICANT INSTRUCTIONS

Complete Section I in ink. Be sure to sign and date item 10. **You must sign and date the Affidavit on this form in the presence of a Notary Public.** Send this form, along with the \$70 fee (the limited permit fee is not refundable), to your school and ask the Registrar to certify your enrollment. The form must then be sent directly from your school to the Office of the Professions at the address at the end of this form in a sealed official school envelope.

Permit Number

Date Issued

Date Expires
(5 years from date of issue)

Initials

6 Telephone/E-Mail Address

Daytime Phone

Area Code Phone Number

E-Mail Address (Please print clearly)

SECTION I: APPLICANT INFORMATION

2 Social Security Number
(Leave this blank if you do not have a U.S. 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

7 COLLEGE NAME:

Check one: B.S. /BPharm degree PharmD

GRADUATION DATE: mo. day yr.

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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.

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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 sup-port 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

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: _____ / _____ / _____
Month Day Year

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 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 _____ / _____ / _____
Month Day Year

Notary Stamp

SECTION II: CERTIFICATION OF IMMUNIZATION ADMINISTRATION TRAINING

(To be completed **only** for applicants that have completed an approved course that meets the requirements found under Regulations of the Commissioner of Education 63.4(d).

INSTRUCTIONS TO DEAN OR PROGRAM OFFICIAL: Complete Section II. Be sure to sign and date the attestation.

STATEMENT OF COMPLETION OF IMMUNIZATION TRAINING

Name of applicant: _____

1. The statements made on this form regarding this applicant's immunization administration training are true, complete and correct; and
2. the applicant has successfully completed a training course in the administration of immunizations that included:
 - Techniques for screening patients and for obtaining informed consent;
 - Techniques in the administration of immunizing agents, including the injection of harmless non-medicinal saline solution into voluntary recipients;
 - Indications, precautions and contraindications in the use of immunizing agents;
 - Handling of emergencies including needlestick injuries and anaphylaxis, including the use of medications required for emergency treatment of anaphylaxis;
 - Cardio-pulmonary resuscitation techniques; and
 - Recordkeeping and reporting of immunizations and information

Date the applicant completed the required competencies: _____ / _____ / _____
mo. day yr.

ATTESTATION

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature _____ Date _____ / _____ / _____
mo. day yr.

Print or type name _____

Title or official position _____

Telephone _____

E-mail _____

SECTION III: CERTIFICATION OF EDUCATION PROGRAM

(To be completed **only** for applicants enrolled in or graduated from an ACPE or CCAPP (since 1993) accredited pharmacy program.) **Graduates of non-accredited programs do not need to complete Section III.**

INSTRUCTIONS TO REGISTRAR: Complete the enrollment statement below. Be sure to sign and date the certification and forward this form directly to the Office of the Professions at the address at the end of the form.

ENROLLMENT STATEMENT OF COLLEGE OR SCHOOL OF PHARMACY

(To be certified by the college for students who have **COMPLETED** at least the first professional year of study.)

I hereby certify that _____

is/was a student at _____
(Name of school)

and is/was a member in good standing of the Class of _____ .

Date entered program: ____ / ____ / ____
mo. day yr.

Date graduated from program: ____ / ____ / ____
mo. day yr.

CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information in Section III is a true statement of the record of the professional education of the individual named on this form.

Signature _____ Date ____ / ____ / ____
mo. day yr.

Print or type name _____

Title or official position _____

Institution _____

Location _____

(COLLEGE SEAL)

Telephone _____

Fax _____

E-mail _____

Mail this form and appropriate fee to:
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New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. **Do Not Send Cash.** Please make check or money order payable to the New York State Education Department