

Podiatrist Form 5PODPR
Application for Ankle Surgery
Limited Permit

An ankle surgery limited permit may be required to obtain the training and experience required for either a standard ankle surgery privilege or an advanced ankle surgery privilege.

The permit authorizes the performance of standard or advanced ankle surgery under the direct personal supervision of a licensed and currently registered podiatrist who holds an appropriate ankle surgery privilege or a licensed and currently registered physician who is board certified in orthopedic surgery. It is considered direct personal supervision when the supervising podiatrist or physician gives instructions directly to the permittee, remains in the immediate area, authorizes the procedure, and evaluates the procedure. All surgery done under the permit must be performed in an Article 28 hospital or health facility authorized to provide such surgery.

To be eligible for a limited permit, you must be a New York State licensed podiatrist who has graduated from an acceptable podiatric medicine and surgery residency and has the board qualification/certification required for the privilege for which the limited permit is sought.

Applicant Instructions

1. Complete Section I. Be sure to sign and date item 12. Your signature on this form must be notarized. It is your responsibility to ensure that your employer fully completes Section II.
2. The fee for an initial ankle surgery limited permit is \$105, the fee for each renewal is \$50. Do not send cash. Please make your check or money order payable to the New York State Education Department. Please Note: Payment submitted from outside the United States should be made by check or draft on a United States Bank and in United States currency. Payments submitted in any other form will not be accepted and will be returned. The fee for an Ankle Surgery Limited Permit (original or renewal) is non-refundable.
3. If you have more than one supervisor or change supervisors, submit a Form 5PODPR for each one and check the appropriate box in Item 7. Ankle surgery limited permits expire one year from the date of issuance and may be renewed for up to four additional one-year periods. A new fee is not required for a change of, or additional supervisors.
4. **It is unlawful for the applicant to begin practice before the Ankle Surgery Limited Permit is issued.**

Original Podiatrist Ankle Surgery Limited Permit **65** **\$105** **SP**

Renewal Podiatrist Ankle Surgery Limited Permit **65** **\$50** **SP**

Check what type of privilege you are pursuing: Standard Ankle Surgery Advanced Ankle Surgery

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

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)

Area Code Phone
Email Address (please print clearly)
 Home or Business

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 \$105 fee) Renewal (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 supervisor _____

Section I: Applicant Information (Continued)

9. Check the appropriate box indicating how you intend to meet the requirements for the privilege for which you are obtaining experience under the permit.

New York State licensed podiatrists who must satisfy additional training and experience requirements can meet the requirements to obtain the podiatric **STANDARD ANKLE SURGERY PRIVILEGE** in one of the following two ways.

- Graduation on or after June 1, 2006, from an acceptable accredited three-year residency program in podiatric medicine and surgery; and
- Board Qualification in reconstructive rearfoot and ankle surgery by an acceptable national certifying board; and
- Training and experience* in standard or advanced midfoot, rearfoot and ankle procedures that includes:
 - not less than ten ankle procedures in the past five years, provided that:
 - not less than five procedures must be osseous procedures, and
 - not less than five procedures must be soft tissue procedures.

- Graduation before June 1, 2006, from an acceptable accredited two-year residency program in podiatric medicine and surgery; and
- Certification in reconstructive rearfoot and ankle surgery by an acceptable national certifying board; and
- Training and experience* in standard or advanced midfoot, rearfoot and ankle procedures that includes:
 - not less than ten ankle procedures in the past five years, provided that:
 - not less than ten procedures must be osseous procedures, and
 - not less than ten procedures must be soft tissue procedures.

New York State licensed podiatrists can meet the requirements to obtain the podiatric **ADVANCED ANKLE SURGERY PRIVILEGE** in one of the following two ways.

- Graduation on or after June 1, 2006, from an acceptable accredited three-year residency program in podiatric medicine and surgery; and
- Certification in reconstructive rearfoot and ankle surgery by an acceptable national certifying board; and
- Training and experience* in advanced midfoot, rearfoot and ankle procedures that includes:
 - not less than ten ankle procedures in the past five years, provided that:
 - not less than five procedures must be osseous procedures, and
 - not less than five procedures must be soft tissue procedures; and
 - not less than 15 procedures in the past ten years including:
 - not less than three ankle fracture fixation procedures;
 - not less than three ankle fusion procedures; and
 - not less than one ankle arthroscopy.

- Graduation before June 1, 2006, from an acceptable accredited two-year residency program in podiatric medicine and surgery; and
- Certification in reconstructive rearfoot and ankle surgery by an acceptable national certifying board; and
- Training and experience* in advanced midfoot, rearfoot and ankle procedures that includes:
 - not less than twenty ankle procedures in the past five years, provided that:
 - not less than ten procedures must be osseous procedures, and
 - not less than ten procedures must be soft tissue procedures; and
 - not less than 15 procedures in the past ten years including:
 - not less than three ankle fracture fixation procedures;
 - not less than three ankle fusion procedures; and
 - not less than one ankle arthroscopy.

*The procedures you perform during the residency program can count toward meeting the training and experience requirement if they meet the time limitation. For the advanced ankle surgery privilege only, the same procedure can count toward satisfying both the osseous/soft tissue requirements and the ankle fixation/fusion/arthroscopy requirements, if they meet the time limitation.

10. Check to confirm that:

- I have completed an acceptable residency program in podiatric medicine and surgery as documented on Form 4PODPR which I have arranged to have submitted to the Department. I have also arranged to have proof of my board qualification/certification status submitted to the Department.

Section I: Applicant Information (Continued)

11. Affidavit with Acknowledgement (Notarization required)

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.**

Applicant's Signature Date

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____,

Applicant name

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's Signature

Notary Stamp

Notary ID number Expiration Date

Section II: Supervisor Information

Instructions for Prospective Supervisor

1. A New York State licensed and currently registered podiatrist who holds an appropriate podiatric ankle surgery privilege or a licensed and currently registered physician who is board certified in orthopedic surgery must directly supervise all practice under a limited permit.
2. This ankle surgery limited permit is valid only for practice in a hospital or health facility pursuant to Article 28 of the Public Health Law.
3. Ankle surgery limited permits expire one year from the date of issuance and may be renewed for up to four additional one-year periods.
4. **It is unlawful for the applicant to begin practice before the Ankle Surgery Limited Permit is issued.**

Prospective Supervisor's Name _____

I am licensed and currently registered to practice in New York State as a:

Podiatrist* Physician**

*You must hold an appropriate podiatric ankle surgery privilege.

**You must be board certified in orthopedic surgery. Attach a copy of your Orthopedic Surgery Board Certification.

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

Practice Site:

Facility Name _____
(Spell out/No abbreviation)

Facility Address _____
Street

City State Zip Code

Telephone Fax Email

Section II: Supervisor Information (Continued)

Attestation

I certify that all ankle surgery procedures performed by this permittee under the ankle surgery limited permit for which I am the individual certifying training and experience will be performed under the direct supervision of a New York State licensed and currently registered podiatrist who holds an podiatric appropriate ankle surgery privilege or a licensed and currently registered physician who is board certified in orthopedic surgery.

Supervising Podiatrist/Physician Signature _____ Date _____

Print Name _____

Address _____

Telephone _____

Fax _____

Email _____

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.