	Psychologist Form 5B	The University of the State of New York THE STATE EDUCATION DEPARTMENT	Department Use Only	
		Office of the Professions Division of Professional Licensing Services www.op.nysed.gov		
	Application for Line For Persons Licensed in Content of			
	APPLICANT INST	RUCTIONS		
To be	e eligible to practice psychology in New York State ur			
a.	Be licensed to practice psychology at the independer	nt practice level in another state or province, and		
	Have resided in New York State for a period of not m application for a license in New York State.	ore than six months prior to filing your		
c.	Meet all licensure requirements except the examinati			
lf you	a meet these eligibility requirements, then:			
	After submitting an application for licensure (Form you may file an application for a limited permit to permit authorizes practice as a psychologist for negative for the permit authorized by the p	ractice pending receipt of the license. A limited of more than 12 months or until 10 days after		
	notification of failure to pass the licensing examinatio		1 68 \$70 PR	
	Complete this form in ink. Be sure to sign and date it		Permit Number	
	Complete Form 3, Section 1, and send it to the juriso them to complete the form and send it directly to the end of the form. Be sure to include any fee required.	Date Issued		
	nit this application with a check or money order for th orm. If you have not yet filed an Application for Lice	Date Expires		
subm	hit them with this form and the limited permit fee. Th red documents have been received and approved. Y	e permit application cannot be approved until all	Initials	
the li	mited permit is issued. The limited permit fee is not re	fundable.		
2	Social Security Number (Leave this blank if you do not have a U.S. Social Security N		6 Telephone/E-Mail Address	
			Daytime Phone	
3				
	Birth Date Month Day Year		Area Code Phone Number	
			E-Mail Address (Please print clearly)	
4	Print Name			
	Last			
	First		<u> </u>	
М	iddle		7 Resident/Application Status	
5	Mailing Address (You must notify the Department p	romptly of any address or name changes.)	I became a resident of New York State on:	
	ine 1		// mo. day yr	
	ine 2		I filed my Application for	
	ine 3		Licensure (Form 1) and fee on:	
	City		/ / mo. day yr	
	State Zip Code		ino. udy yi	
	untry/ vince			
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8	Indicate all jurisdiction(s) where you have been licensed:			
	Jurisdiction	License number		
	Jurisdiction	License number		
	Jurisdiction	License number		
	Jurisdiction	License number		
	Jurisdiction	License number		
	Jurisdiction	License number		
	Jurisdiction	License number		
	Jurisdiction	License number		
	Be sure to complete and forward a Form 3 to these jurisdictions.			
•				
9	ATTESTATION			
	I understand that such limited permit, if approved, shall be valid for a period of not more than 12 months, or until ten days after			
	notification of failure of the professional licensing examination or until the results of a licensing examination for which I am eligible are officially released, whichever comes first.			
	I declare and affirm that the statements made in the foregoing application are true, cor	nolete and correct. Any false or misleading		
	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 licensure and may result in criminal			
	prosecution.			
	Applicant signature	/ / / / yr.		
Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, P.O. Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.				

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