

# Respiratory Therapy 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 Permit

### APPLICANT INSTRUCTIONS

- After submitting an application for licensure as a respiratory therapist or a respiratory therapy technician in New York State, you may file an application for a limited permit to practice pending receipt of the license. A limited permit authorizes practice as a respiratory therapist or respiratory therapy technician under supervision of a currently registered, New York State licensed respiratory therapist or otherwise legally authorized physician along with the endorsement of the employer. When applying for a limited permit, it is the applicant's responsibility to ensure that the prospective supervisor fully completes the Certification of Supervision, Section II.
- Complete Section I in ink and forward the form to your supervisor. Be sure to sign and date item 9. Limited permits expire one year from the date of issue. You should be certain you are ready to begin practice when you apply for the limited permit.
- Submit this application with a check or money order for the required fee of \$70 for the respiratory therapist or \$50 for respiratory therapy technician to the address at the end of this form. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee, you must submit them with this form and the limited permit fee. The permit application cannot be approved until all required documents have been received and approved. The applicant may not begin practice until the 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 by completing a new Form 5 with your prospective supervisor, and returning it to the Office of the Professions. A fee is not required for a new permit issued as a result of a change in employment.

Permit number

Date issued

Date expires

Initials

6 Telephone/E-Mail Address

### Section I: Applicant Information

**1 Check what you are applying for:**

Respiratory Therapist (Permit)

52

\$70

PR

Respiratory Therapy Technician (Permit)

53

\$50

PR

**2 Social Security Number**

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

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**Daytime Phone**

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Area Code

Phone Number

**3 Birth Date**

Month

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Day

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Year

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**4 Print Name**

Last

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First

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Middle

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**5 Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1

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Line 2

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Line 3

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City

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State

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Zip Code

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Country/  
Province

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**8 Are you licensed in another jurisdiction?**

Yes  No

• If "No," have you ever failed the NBRC Respiratory Therapist Registry examination?

Yes  No

• If "No," have you ever failed the NBRC Respiratory Therapy Certification examination?

Yes  No

**9 ATTESTATION**

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.

Signature of applicant

Date

**SECTION II: INSTRUCTIONS TO THE SUPERVISOR**

1. By completing the information below, the supervisor is certifying that the permittee will be employed under the supervision of a currently registered, New York State licensed respiratory therapist or otherwise legally authorized physician and that the supervisor agrees to abide by the following terms and conditions stipulated below and on the permit.
  - (a) The applicant may not practice respiratory therapy until the limited permit is issued.
  - (b) A limited permit shall expire one year from the date of issuance or upon notice to the applicant by the Department that the application for licensure has been denied, or ten days after notification to the applicant of failure on the professional licensing examination, whichever occurs first. (However, if the permittee is awaiting the results of the licensing examination and the limited permit expires, the permit will remain valid until 10 days after notification of the exam results.)

**CERTIFICATION OF SUPERVISION - (To Be Completed By Supervisor)**

1. Applicant's name: \_\_\_\_\_
2. To be employed as  respiratory therapist  respiratory therapy technician
3. Employer:  
Name: \_\_\_\_\_  
(Enter full name -- no initials)  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
4. If practice site is different from employer address (item 3), provide that address also:  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. ATTESTATION**

I certify that the applicant named in Section I will be employed under the supervision of a currently registered New York State licensed respiratory therapist or otherwise legally authorized physician and that the supervisor agrees to abide by the conditions stipulated above and on the permit.

I declare and affirm that the information provided in the foregoing certification is true, complete and correct. Any false or misleading information in, or in connection with this certification may be cause for disciplinary action against my license.

Direct supervision will be provided by: (please check one)  respiratory therapist  physician

Name of supervisor: \_\_\_\_\_ (please print or type) N.Y. License No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

If applicant requests more than one employer or supervisor, a separate Form 5 must be completed for each. (Only one limited permit fee is required.)

**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.**