

Nurse 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

- A limited permit authorizes practice as a nurse under the immediate and personal supervision of a New York State licensed, currently registered, registered professional nurse and with the endorsement of the employer. Complete Section I. Be sure to sign and date item 11 on page 2. It is your responsibility to ensure that your prospective employer fully completes Section II. **Note:** Once a limited permit is issued, it may not be adjusted. You should be certain you are ready to begin practice when you apply for the limited permit. You may not begin practice until your limited permit is issued unless you meet the practice exemption detailed in the Instructions to the Employer in Section II of this form.
- You may apply for a limited permit either at the same time as or after submitting an Application for Licensure (Form 1). If you have not yet filed a Form 1 and the licensure fee (\$143), you must submit them with this form and the limited permit fee. **Permits cannot be issued until all required documentation has been received and approved.**
- Submit this application and the \$35 fee to the Office of the Professions, at the address at the end of this form.
- If you change employment after your permit is issued, you must obtain a new permit by completing a new Form 5 with your prospective employer. A new fee is not required for a permit issued as a result of a change in employment.

Date Approved/Rejected

Permit number

Date issued

Date expires

Initials

6 Telephone/E-Mail Address

Daytime Phone

Area Code			Phone Number						

E-Mail Address (Please print clearly)

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7 I am applying for:

- Original permit
- Additional supervisor/ employer
- Change of supervisor/ employer

Section I: Applicant Information

1 Check what you are applying for:

- | | | | |
|---|----|------|----|
| <input type="checkbox"/> Registered Professional Nurse (Limited Permit) | 22 | \$35 | PR |
| <input type="checkbox"/> Licensed Practical Nurse (Limited Permit) | 10 | \$35 | PR |

2 Social Security Number

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

3 Birth Date Month

--	--

 Day

--	--

 Year

--	--	--	--

4 Print Name

Last	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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5 Mailing Address (You must notify the Department promptly of any address or name changes.)

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8 Are you licensed as a nurse in another jurisdiction? Yes No If no, have you ever failed the RN licensing examination? Yes* No
 If no, have you ever failed the PN licensing examination? Yes** No

*You are not eligible for an RN permit if you have ever taken the NCLEX-RN examination.

**You are not eligible for an LPN permit if you have ever taken the NCLEX-PN examination.

9 FOREIGN EDUCATED NURSES ONLY Have you successfully completed: (Check one) CGFNS CNATS

Date CGFNS Qualifying Examination written _____ / _____ / _____	*CGFNS Certificate No. _____
Date CNATS Examination written _____ / _____ / _____	CNATS Exam Score _____

* CGFNS must submit this certificate directly to the Office of the Professions.

10 Name and address of nursing school attended _____
 _____ Date degree completed _____ / _____ / _____
 mo. day yr.

11 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.

Applicant's signature

Date

Section II: Certification of Supervision**Instructions to the Employer:**

1. By completing this section, you are certifying that the applicant for the limited permit will be employed under the supervision of a registered professional nurse who is licensed and currently registered in New York State and that you agree to abide by the conditions stipulated on the permit.
2. The applicant must be employed by the facility in which they are working. They may not be employed by a third party.
3. The supervising nurses listed in this section must be Registered Professional Nurses who will work **directly** with the permittee on the same unit so that consistent supervision is ensured.
4. A limited permit expires one year from the date of issuance or upon written notice to the applicant by the Department that the application for licensure has been denied, or 10 days after written notification to the applicant of failure on the professional licensing examination, whichever occurs first. Failing applicants will be advised in writing by the Department to notify their employer of the exam results immediately to allow reasonable notice to the employer that they are no longer able to work under a limited permit.
5. The applicant may not begin practice until the limited permit is issued.*

***EXEMPTION:** New graduates of New York State nursing education programs registered by the New York State Education Department as licensure qualifying **who have applied for licensure and a limited permit** may be employed to practice under the supervision of a registered professional nurse for 90 days immediately following graduation pending receipt of a limited permit. The permittee must submit the employer's copy of the limited permit to the employer as soon as it is received.

1. Permittee's name: _____

2. To be employed as: RN LPN

3. Employer (Enter full name -- no initials):

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____

4. Telephone: _____ Fax: _____ E-mail: _____

5. If practice site is different from employer's address (item 3), provide that address also:

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____ E-mail: _____

Section II: Certification of Supervision (Continued)

6. SUPERVISOR OF THIS PERMITTEE

In order to assure that there is always a licensed registered professional nurse available to work directly with this permittee on the specific unit, you must provide the names of two licensed registered professional nurses who will supervise this permittee:

1. Supervising registered professional nurse _____

New York State License number _____

2. Supervising registered professional nurse _____

New York State License number _____

7. ATTESTATION BY DIRECTOR OF NURSING OR PHYSICIAN

(To be completed and signed by the director of nursing or designee where the permittee will practice)

By completing the information in Section II and signing this attestation, I am certifying that the permittee will be employed under the supervision of a registered professional nurse who is licensed and currently registered in New York State, that the supervising nurse will be notified of this responsibility, and that the employer agrees to abide by the conditions stipulated on the permit.

I declare that the statements made in Section II are 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.

Signature on behalf of employer: _____
(i.e., Director of Nursing or Physician.)

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

Print name: _____

Title: _____

New York State Profession: _____

New York State Professional License Number: _____

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.