

# Occupational Therapy Form 5CS Certification of Supervisor for Limited Permit

Use this form ONLY if you are applying/have applied for a New York State Limited Permit as a Occupational Therapist or Occupational Therapy Assistant online.

### Applicant Instructions

1. Complete Section I. Have your prospective supervisor complete Section II. It is your responsibility to ensure your supervisor fully completes Section II. Failure to complete this form will delay its review. Submit the completed certification to the Office of the Professions as directed at the end of the form.
2. If you change supervisors or have additional settings or supervisors after a permit is issued, you must obtain an amended permit. Complete the online Limited Permit Change Form application (<https://eservices.nysed.gov/professions/wf/limited-permit-change>) and submit a Form 5CS for each new prospective supervisor. A new fee is not required for a permit issued as a result of a change in supervisor or setting.

Check what you are applying for (check one):  Occupational Therapist  **63**  Occupational Therapy Assistant  **64**

### 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 \_\_\_\_\_
4. I am applying for  Original Permit  Renewal  Additional Setting  Additional Supervisor  
 Change of Setting  Change of Supervisor

### Section II: Supervisor's Certification

**Supervisor Instructions:** Complete this Section to certify that the applicant named above will be under your direction and supervision. For both occupational therapists and occupational therapy assistants, you must be a New York State licensed and currently registered occupational therapist or physician with the endorsement of the employer. The applicant may not practice until the limited permit is issued. A limited permit does not authorize the treatment of patients in a home care service of any hospital, clinic or agency or in a private practice. Limited permits expire one year from the date of issue and may be renewed for one additional year for good cause as determined by the Department.

Supervisor Name \_\_\_\_\_

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

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

#### Attestation

I certify that the applicant named in Section I will be under my supervision. I declare that the statements made in the foregoing certification are true, complete and correct. Any false or misleading information in or in connection with this certification may be the cause for denial of permit and licensure and disciplinary action against my license and may result in criminal prosecution.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Upload this form in your online limited permit application. If you have already applied online, upload this form to:

<https://eservices.nysed.gov/professions/wf/document>

You will need the application id of your limited permit submission that was emailed to you and your date of birth. **Or**, you can mail this form along with any required documentation to: New York State Education Department, Office of the Professions, Occupational Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000