

## Massage 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 Massage Therapist 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.

### Section I: Applicant Information

1. Social Security Number \_\_\_\_\_  
 (Leave this blank if you do not have a U.S. Social Security Number)
2. Birth Date      Month      Day      Year
3. Print Name      Last
- First
- Middle

4. I am applying for
- |   |  |
|---|--|
| <input type="checkbox"/> Original Permit    | <input type="checkbox"/> Additional Supervisor |
| <input type="checkbox"/> Additional Setting | <input type="checkbox"/> Change of Supervisor* |
| <input type="checkbox"/> Change of Setting* |  |

\*If you are applying for a change of setting or supervisor, please indicate the setting and/or supervisor being cancelled.

### Section II: Supervisor's Certification

**Part 78.3(b)** of the Regulations of the Commissioner state that personal supervision, as used in section 7806(3) of the Education Law, shall mean that a supervising massage therapist shall be present on the premises at all times when professional services are being rendered by the holder of the limited permit, and shall exercise that degree of supervision appropriate to the circumstances.

The limited permit cannot be issued until all required documentation has been reviewed and approved by the New York State Education Department. A limited permit is valid for no more than one year from the date it is issued, or until the results of the first examination for which the applicant is eligible are made known, whichever comes first. It is not renewable.

**Supervisor Instructions:** Complete Section II to certify that the applicant named above will be under your personal supervision at the setting named below.

Supervisor's Name \_\_\_\_\_

I am a licensed and currently registered to practice as a Massage Therapist in New York State.

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

**Employer (All employers and practice sites of the permittee must be located in New York State.):**

Business Name \_\_\_\_\_  
 (Spell out/No abbreviation)

Business Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

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

**Section II: Supervisor's Certification (continued)**

**Setting in New York State where supervised experience will take place (if different than employer):**

Setting Name \_\_\_\_\_  
(Spell out/No abbreviation)

Setting Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

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

Are there any other massage therapy permittees working under your personal supervision?  Yes  No

If yes, list them below (attach additional sheets if necessary):

Permittee Name _____	Limited Permit Number _____
Permittee Name _____	Limited Permit Number _____
Permittee Name _____	Limited Permit Number _____

**Attestation**

I certify that the applicant named in Section I will be under my personal 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 \_\_\_\_\_

**Submitting this form**

Upload this form in your online limited permit application. If you have already submitted your online limited permit application, 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  
Massage Therapy Unit  
89 Washington Avenue  
Albany, NY 12234-1000