

Medical Physicist Form 5CS Certification of Supervision for Limited Permit

Use this form **ONLY** if you are applying/have applied for a New York State Limited Permit as a Medical Physicist online.

Applicant Instructions

1. Complete Section I. Have your prospective employer complete Section II. It is your responsibility to ensure your employer 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): Diagnostic Radiological Physics **09** Medical Health Physics **11**
 Medical Nuclear Physics **12** Therapeutic Radiological Physics (or Radiation Oncology Physics) **13**

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 Extension
 Additional Setting Additional Supervisor
 Change of Setting* Change of Supervisor*

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

5. I am a(n): Employee Student

Section II: Certification of Supervision

A limited permit to practice medical physics may be issued to an individual who meets all requirements for licensure except the examination and experience or to a student enrolled in a medical physics program approved by the New York State Education Department. The limited permit is valid for two years and may be renewed at the discretion of the Department for additional two-year periods for up to a total of no more than six years. The applicant may only practice in the medical physics specialty area the supervisor is currently licensed and registered to practice. The applicant may not practice until the limited permit is issued.

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

Supervisor's Name _____

I am licensed and currently registered in New York State to practice Medical Physics in the specialty area of:

Diagnostic Radiologic Physics Medical Health Physics Medical Nuclear Physics
 Therapeutic Radiological Physics (or Radiation Oncology Physics)

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

Employer or Graduate Program (Employer or Graduate Program and practice site must be located in New York State.):

Name _____
(Spell out/No abbreviation)

Address _____
Street

_____ City _____ State _____ Zip Code _____

_____ Telephone _____ Fax _____ Email _____

Section II: Certification of Supervision (continued)

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

Setting Name _____
(Spell out/No abbreviation)

Setting Address _____
Street

_____ City State Zip Code

_____ Telephone Fax Email

Attestation

I certify that the applicant named in Section I will be under my direction and 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
Medical Physics Unit
89 Washington Avenue
Albany, NY 12234-1000