

# Histotechnician Form 5 Application for Limited Permit

### Applicant Instructions

1. A limited permit authorizes practice as a histotechnician under the general supervision of a Clinical Laboratory Director. Complete Section I. Be sure to sign and date item 9. It is your responsibility to ensure that your employer fully completes Section II.
2. You may apply for a limited permit either at the same time as or after submitting an application for certification as a histotechnician in New York State. If you have not yet filed an application (Form 1) and the \$245 fee, 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.**
3. Submit this application and the \$50 limited permit fee to the Office of the Professions at the address at the end of this form. The limited permit fee is not refundable.
4. If you change supervisors or have additional supervisors after a permit is issued, you must obtain an amended permit. Complete a new Form 5 with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a permit issued as a result of a change in supervisor/ employer.
5. The limited permit is valid for a period of two years. The permit may not be renewed.

Histotechnician Limited Permit

**91** **\$50** **PR**

### 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
5. Telephone/Email Address  
Daytime Phone  
 Home or  Business

**Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

4. Mailing Address  Home or  Business  
*(You must notify the Department promptly of any address or name changes)*  
Line 1  
Line 2  
Line 3  
City  
State                      ZIP Code  
Country/  
Province
6. New York State DMV ID Number  
(Driver or Non-Driver ID)  
  
*(Leave this blank if you do not have a New York State DMV ID Number)*

7. I am applying for  Original Permit (Include \$50 fee)  
 Additional Supervisor  
 Change of Supervisor\*

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

8. Name of prospective supervising Clinical Laboratory Director \_\_\_\_\_

9. 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 certification/licensure and may result in criminal prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section II: Clinical Laboratory Director's Certification of Employment**

A limited permit may be issued to an applicant who has met all requirements for certification except the examination requirement. The permit is valid for two years, and may not be renewed.

**Clinical Laboratory Director Instructions:** Complete items 1-4, and sign and date the attestation to certify that the applicant will be employed as a histotechnician by the facility or in the setting described.

1. Name of the applicant \_\_\_\_\_

2. Name of the Director of the Clinical Laboratory that will supervise the applicant

\_\_\_\_\_  
(Print full name - no initials)

Does the above named director hold a certificate of qualification issued by the NYS Department of Health?  Yes  No

If "yes", certificate number \_\_\_\_\_

3. Name of the Facility where the applicant will be employed

\_\_\_\_\_  
Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

4. Title under which the applicant will be employed \_\_\_\_\_

**Attestation of Clinical Laboratory Director**

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 denial of permit and licensure and disciplinary action against my license and may result in criminal prosecution.

\_\_\_\_\_  
Clinical Laboratory Director's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

**If you are applying for an original permit, mail this form and appropriate fee to:** New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201 U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

**If you are ONLY applying for a change of, or additional supervisor, mail this form to:** New York State Education Department, Office of the Professions, Clinical Laboratory Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000. **No fee is needed for this option.**