

# Histotechnician Provisional Permits

A provisional permit is **ONLY** for applicants who are applying for initial certification as a histotechnician in New York State who have not met the education or alternative to education requirements and/or examination requirements for certification. A Provisional permit would allow an applicant to work in a clinical laboratory under supervision while meeting the the education or alternative to education requirements and/or examination requirements for certification.

**DO NOT USE THIS FORM** if you meet the education or alternative to education requirements detailed in the certification requirements for certification as a histotechnician in New York State.

**ONLY USE THIS FORM** if you have received an education acceptable to the Department, which includes an associate or higher degree that includes at least 15 credit hours in the Biological, chemical or physical sciences.

**Important Note:** If you have not already done so, you **MUST** submit a Form 1 and application fee in addition to this Form 5PP.

# Histotechnician Form 5PP

## Application for Provisional Permit

If you have not already done so, You must submit a Form 1 and application fee in addition to this Form 5PP.

### Applicant Instructions

1. A provisional permit authorizes practice as a histotechnician under the general supervision of the director of a clinical laboratory, as determined by the Department. Complete Section I. You must answer all questions **in ink** (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Be sure to sign and date item 10.**
2. Submit this application and the \$50 provisional permit fee to the Office of the Professions at the address at the end of this form. **Permits cannot be issued until all required documentation has been received and approved.** The provisional permit is valid for a period of 24 months. The permit may be not be renewed.
3. If you change supervisors or settings after a permit is issued, you must obtain an amended permit. Complete a new Form 5PP 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.

Histotechnician Provisional 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  
  
Area Code      Phone  
Email Address (please print clearly)  
 Home or  Business
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 appropriate fee)  
 Change of Setting\*  
 Change of Supervisor\*

\*If you are applying for a change of setting or supervisor, please indicate the setting 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 provisional permit may be issued to an applicant who has met the requirements of Education Law section 8608(2). A permit is valid for 24 months and may be 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 clinical laboratory technologist or a certified histological technician 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 supervisor/setting, 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.**