

Information about the Application for a Certificate to Temporarily Practice in New York State Under the "Military Spouse Licensing Relief Act of 2021"

As a U.S. military servicemember or a spouse of a U.S. military servicemember, you can apply for a certificate temporarily allowing you to practice in New York State with an out-of-state license/certificate during the duration of a deployment to New York State, if you meet the following criteria:

1. already hold a license/certificate from another U.S. state or territory in good standing of a profession licensed/certified* in New York State (or its equivalent). A list of available professions is available on the page 2;
2. attest to having actively practiced such profession in the last two years prior to applying for this certificate;
3. present** a copy of military orders for deployment to New York State that clearly shows the starting and ending date of such orders;
4. present** a copy of the current license/certificate issued by another U.S. state or territory in the same profession you are applying for the certificate in; and
5. be able to attest that as an applicant for this certificate that you submit to the full disciplinary and regulatory authority of the Board of Regents and the State Education Department, and to fulfillment of any applicable continuing education requirements.

*If you are not licensed in a profession licensed/certified in New York State (or its equivalent), you are not eligible to practice in New York State under P.L. 117-333 and Part 59.16 of the Regulations of the Commissioner of Education.

**You will be required to upload documentation to support your application. You can upload such documents on the Office of the Professions' website at <https://eservices.nysed.gov/professions/addl-doc/>. You will need an Application ID and date of birth to upload documents.

After approval of your application, you will receive a certificate displaying:

1. your name;
2. the title of the licensed profession you may practice in New York State;
3. starting and ending dates for your professional practice in New York State; and
4. the name of the U.S. state or territory that issued the original license/certificate used in your application for this certificate.

IMPORTANT NOTE: After approval of your application, members of the public and employers may verify your information on the Office of the Professions' website at <https://op.nysed.gov/verification-search>.

When your certificate is issued, you are responsible for notifying the Department within 30 days of:

1. any change in address or other contact information;
2. any change in the date of your deployment orders for New York State;
3. any professional discipline in another U.S. state or territory; and
4. the expiration, cancellation or revocation of the original license/certificate used in your application for this certificate.

Failure to notify the Department in a timely manner is defined as unprofessional conduct under Education Law §6509 and Part 29 of the Rules of the Board of Regents. The relevant Education Law and Rules of the Board of Regents can be found on the Office of the Professions' website at <https://op.nysed.gov/title8/education-law>.

List of currently available Professions licensed/certified in New York State:

Acupuncturist
Applied Behavior Analysts, Certified Behavior Analyst Assistant
Applied Behavior Analysts, Licensed Behavior Analyst
Architect
Athletic Trainer
Audiologist
Certified Public Accountant
Certified Shorthand Reporter
Chiropractor
Clinical Laboratory Technology, Clinical Laboratory Technician
Clinical Laboratory Technology, Clinical Laboratory Technologist
Clinical Laboratory Technology, Cytotechnologist
Clinical Laboratory Technology, Histotechnician
Dentistry, Dentist
Dentistry, Dental Hygiene
Dentistry, Registered Dental Assistant
Dietician-Nutritionist
Interior Designer
Landscape Architect
Land Surveyor
Massage Therapist
Medical Physics, Diagnostic Radiological Physicist
Medical Physics, Medical Health Physicist
Medical Physics, Medical Nuclear Physicist
Medical Physics, Therapeutic Radiological Physicist
Medicine, Physician
Medicine, Registered Physician Assistant
Medicine, Registered Specialist Assistant
Mental Health Practitioners, Creative Arts Therapist
Mental Health Practitioners, Marriage & Family Therapist
Mental Health Practitioners, Mental Health Counselor
Mental Health Practitioners, Psychoanalyst
Midwife
Nursing, Clinical Nurse Specialist
Nursing, Licensed Practical Nurse
Nursing, Nurse Practitioner
Nursing, Registered Professional Nurse
Occupational Therapy, Occupational Therapist
Occupational Therapy, Occupational Therapist Assistant
Ophthalmic Dispenser
Optometrist
Pathologists' Assistant
Perfusionist
Pharmacy, Pharmacist
Pharmacy, Registered Pharmacy Technician
Physical Therapist
Physical Therapist Assistant
Podiatrist
Polysomnographic Technologist
Professional Engineer
Professional Geologist
Psychologist
Respiratory Therapy, Respiratory Therapist
Respiratory Therapy, Respiratory Therapist Technician
Social Work, Licensed Clinical Social Worker
Social Work, Licensed Master Social Worker
Speech-Language Pathologist
Veterinary Medicine, Veterinarian
Veterinary Medicine, Veterinary Technician

More information about the available professions can be found on the Office of the Professions' website at <https://op.nysed.gov/professions-index>.

**Application for Certificate to Temporarily
Practice in New York State under the
"Military Spouse Licensing Relief Act of
2021"**

All applicants for the certificate must complete this form and submit it directly to the Office of the Professions at the address at the end of this form. **There is no fee for this application.** You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review.

1. Social Security Number <i>(Leave this blank if you do not have a U.S. Social Security Number)</i>	2. Birth Date	Month	Day	Year		
3. Print Name	Last	First	Middle	5. Telephone/Email Address		
				Daytime Phone <input type="checkbox"/> Home or <input type="checkbox"/> Business		
				Area Code	Phone	
				Email Address (please print clearly)		
				<input type="checkbox"/> Home or <input type="checkbox"/> Business		
<hr/>						
4. Mailing Address <input type="checkbox"/> Home or <input type="checkbox"/> Business <i>(You must notify the Department within 30 days of any address or name changes)</i>						
Line 1						
Line 2						
Line 3						
City						
State						ZIP Code
Country/ Province						

6. I am a (check one): U.S. Military Servicemember as defined in U.S.C. §101(a)(5) of Title 10.
 Spouse of a U.S. Military Servicemember as defined in U.S.C. §3911(4)(a).

7. Military orders for deployment to New York State:
Date deployment beginning mo. day yr. Date deployment ending mo. day yr.

8. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes No

9. Are criminal charges pending against you in any court? Yes No

10. Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes No

11. Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

12. Has any hospital, licensed facility or clinical laboratory restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? Yes No

NOTE: If you answer "Yes" to any questions numbered 8-12, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. In answering these questions, consider whether, pursuant to Executive Law § 296(16), you are required to report any arrests, criminal accusations, or dispositions of such arrests or criminal accusations. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.

13. Professional Licensure/Certification

Title of profession you are applying for a certificate for (a list of available professions is on page 2 of the attached information form.)

Title of the profession in which you currently hold a license/certificate in the prior U.S. state or territory*

*If you are not licensed/certified in a profession licensed/certified in New York State (or its equivalent), you are not eligible to practice in New York State under P.L. 117-333 and Part 59.16 of the Regulations of the Commissioner of Education.

State or U.S. Territory in which you are licensed/certified in the profession listed above

License/certificate number _____ Date of licensure/certification _____
mo. day yr.

Is your license/certificate currently valid and in good standing in the U.S. state or territory listed above? Yes No

Have you actively used your license/certificate for the two years immediately prior to your application for a certificate to temporarily practice in New York State? Yes No

14. By signing below and submitting this application, I declare and affirm that:

1. I submit to the full disciplinary and regulatory authority of the Board of Regents and the State Education Department and fulfillment of any continuing education requirements in the profession for which I am applying; and
2. the statements made in this application, including any accompanying documents, are true, complete and correct, and I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of authorization and may result in criminal prosecution.

Signature _____ Date _____

Print Name _____

Notary (Notarization Required)

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's Signature _____

Notary Stamp

Notary ID number _____ Expiration Date _____

This application is not complete until you upload the following:

1. a copy of military orders for deployment to New York State that clearly shows the starting and ending date of such orders;
2. a copy of the current license/certificate issued by another U.S. state or territory that indicates you are licensed/certified in the same profession you are seeking to temporarily practice in New York State; and
3. any other required documentation.

You can upload such documentation on the Office of the Professions' website at <https://eservices.nysed.gov/professions/addl-doc/>. You will need an Application ID and date of birth to upload documents.

You can also submit this application along with any required documentation by mail to: The New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Mail Unit, 89 Washington Avenue, Albany, NY 12234-1000.