

The University of the State of New York
The State Education Department
Division of Professional Licensing Services
89 Washington Avenue
Albany, New York 12234-1000

NEWKIRK KAYLA MARIE
11 PLANTATION BLVD
APT 4
LIVERPOOL, NY 13090-0000

Date: 07/11/2024

Profession: 018

ID Number: XXX-XX-6980

Limited permit to Practice

MENTAL HEALTH COUNSELING

This permit is valid for the period shown below and may be renewed at the discretion of the Department for up to twelve additional months.

Limited permit number

P129444

Issued to

NEWKIRK KAYLA MARIE

Date of birth

03/01/1995

To practice at

VITALE MENTAL HEALTH COUNSELING PLLC

1129 NORTHERN BLVD MANHASSET, NY 11030-0000

Limited permit issued

07/06/2024

Limited permit expires

07/05/2026

Supervisor name

KLEIN JANA DAWN

Supervisor profession

MENTAL HEALTH COUNSELING

Supervisor license number

007280



Instructions for Limited Permit

Be sure to forward a copy of this form to the employer listed on your limited permit

Permittee Name _____

To the Permittee

If you change employers after a permit is issued, or have additional employers, you must obtain a new permit. Complete a new form 5 with each prospective employer, and return it to the Division of Professional Licensing Services. A new fee is **not** required for an additional employer or a change in supervisor. You may get a new Form 5 by going to our website at www.op.nysed.gov (this form is not available for all professions at this time).

To the Current Employer

If the permittee named above ceases to be employed by you, please complete this section and return it along with the employer's copy of the limited permit to the Division of Professional Licensing at the address listed below.

Date separated _____

Employer Name _____

Title _____

Phone Number _____

E-mail _____

Supervisor Name _____

New York State License number _____

Employer's Signature _____

Date _____

UNDER NO CIRCUMSTANCES SHOULD THE EMPLOYER'S COPY OF THE LIMITED PERMIT BE RETURNED TO THE PERMITTEE.

Please return this form along with the employer copy of the limited permit to:

**New York State Education Department
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