



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

TO: CANDIDATES

FROM: Sean A. Mcfarlane
Assistant Commissioner of Human Resources

SUBJECT: REQUIREMENT TO MAINTAIN VALID NYS LICENSE AND REGISTRATION

Policy:

All New York City Department of Health and Mental Hygiene employees who are in positions that require a license shall maintain a valid New York State License Registration with the appropriate authority. Employees who fail to maintain a valid New York State License Registration and/ or fail to submit the registration to the Bureau of Human Resources may be ineligible for continued employment in any title where New York State licensure is required.

Procedure:

1. Employees appointed to a position which requires a valid New York State license shall submit their license and/or registration certificate.
2. Employees will sign the notice attached acknowledging that they have received this Personnel Bulletin.
3. Employees are responsible for renewing their license registration in a timely manner.
4. Upon renewing their registration employees shall submit a copy of their current registration certificate to:
Bureau of Human Resources
Office of Employee Compliance
Attn: Credentialing Specialist
42-09 28th Street, 3rd Floor, Room 3-24
Long Island City, NY 11101
5. Upon validation the license will be filed in the employee's personnel file.
6. Failure to maintain and submit proof of licensure will result in a referral to the Office of Labor Relations.
7. It is the employee's responsibility to inform the Office of Employee Compliance Services immediately, if for any reason their license is revoked or suspended.



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ATTACHMENT

REQUIREMENT TO MAINTAIN CURRENT LICENSE REGISTRATION

I, _____ hereby acknowledge that I have been
(Print Name)

advised that upon acceptance of the position of _____
(Title of Position)

requiring a license, it is my responsibility to maintain a valid _____
(Name of License)

registration of said license from the State of New York with the appropriate authority. In addition, I will notify the Bureau of Human Resources, Office of Employee Compliance Services immediately if, for any reason, my license is revoked or suspended.

Signature

Date