

Licensed Master Social Worker Form 5

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 Office of the Professions
 Division of Professional Licensing Services
 89 Washington Avenue
 Albany, NY 12234-1000
 www.op.nysed.gov

Department Use Only

Application for Limited Permit

APPLICANT INSTRUCTIONS

1. A limited permit authorizes practice as a licensed master social worker under the general supervision of an LMSW or an LCSW. 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 a license as a licensed master social worker in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee (\$270), you must submit them with this form and the limited permit fee.
3. Submit this application and the \$70 fee to the Office of the Professions at the address at the end of this form.
4. **Permits cannot be issued until all required documents have been received and approved.**
5. If you change supervisors or have additional supervisors after a permit is issued, you must obtain a re-issued 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 employment.

1	72	\$70	PR
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Permit number

Date issued

Date expires

Initials

SECTION I: APPLICANT INFORMATION

2 Social Security Number
 (Leave this blank if you do not have a U.S. Social Security Number)

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3 Birth Date Month

 Day

 Year

4 Print Your Name Exactly As You Wish It To Appear On Your Limited Permit

Last

First

Middle

5 Mailing Address (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 Telephone/E-Mail Address

Daytime Phone

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Area Code Phone Number

E-Mail Address (Please print clearly)

7 I am applying for:

Original permit

Additional supervisor/ employer

Change of supervisor/ employer

8 Name of prospective supervisor: _____

9 ATTESTATION

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 licensure and may result in criminal prosecution.

Applicant's Signature _____ Date _____

SECTION II: SUPERVISOR'S CERTIFICATION OF EMPLOYMENT

A limited permit may be issued to an applicant who has met all requirements for licensure except the licensing examination. The permit is valid for one year, and may not be extended.

The applicant named in Section I is seeking a limited permit to practice as an LMSW in New York State. Complete the information below to certify that the applicant will be supervised at the setting named below.

1. Applicant's name: _____

2. Supervisor's name (print full name – no initials): _____

Setting name: _____

Address: _____

(Street)

(City)

(State)

(Zip code)

The above facility is a (check one):

- Office of Mental Health (OMH) approved facility
- Office of Mental Retardation and Developmental Disabilities (OMRDD) approved facility
- Office of Alcoholism and Substance Abuse Services (OASAS) approved facility
- Department of Health (DOH) approved hospital or nursing home
- Office of Children & Family Services (OCFS) approved facility
- Public health agency or facility approved by the social services district
- Office of a licensed physician, master social worker, or psychologist
- Other facility: _____

ATTESTATION OF SUPERVISOR

I declare that the statements made in the foregoing certification are true, complete and correct. Any false or misleading information in or in connection with this certification may be the cause for denial of permit and licensure.

Supervisor's signature: _____ Date _____ / _____ / _____
mo. day yr.

Print full name: _____

Title: _____

Licensed in the profession of: _____

License number: _____

State: _____

Phone: _____ Fax: _____

E-mail: _____

Return Directly to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.