
Mental Health Counselor Licensing Application Packet

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

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FOR FUTURE REFERENCE

IN THE EVENT OF AN EMERGENCY that impacts the licensed professions, the Office of the Professions will provide important information, specific to the situation, through our **Web site** (www.op.nysed.gov), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).



Ways to reach us...

⇒ General Customer Service

The Office of the Professions' staff can be reached by calling 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at op4info@mail.nysed.gov.

⇒ On The World Wide Web

Information about the Office of the Professions and the 48 licensed professions, including information on all licensees, is available on our home page at:

www.op.nysed.gov

⇒ License Application Status

Find out the **status of your license application** by checking our Web site where your name is added immediately when a license number is issued, or contact:

New York State Education Department, Office of the Professions, Division of Professional Licensing Services

Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000

PHONE: 518-474-3817 ext. 592, FAX: 518-402-2323, E-MAIL: opunit5@mail.nysed.gov

Please include your name, the last 4 digits of your social security number, date of birth, and the name of the profession.

⇒ Practice Issues

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions,

State Board for Mental Health Practitioners

89 Washington Avenue, Albany, NY 12234-1000

PHONE: 518-474-3817 ext. 450, FAX: 518-486-2981, E-MAIL: mhpbdbd@mail.nysed.gov

Other Important Contact Information

Licensing Examination

Information regarding the examination, including examination format, select bibliography, and availability of study materials for purchase, may be obtained from the National Board for Certified Counselors (NBCC) by contacting them at:

National Board for Certified Counselors

3 Terrace Way, Suite D

Greensboro, NC 27403-3660

Phone: 336-547-0607

Fax:: 336-547-0017

E-mail: certification@nbcc.org

Web: www.nbcc.org

If you have sat for and passed the National Clinical Mental Health Counselor Examination (NCMHCE) for another licensing jurisdiction, you will need to ask NBCC to submit your passing examination score directly to the Office of the Professions on your behalf, using the contact information above.

GENERAL LICENSING INFORMATION

Please read this general licensing information for all professions before proceeding to the detailed instructions for your profession.

INTRODUCTION

A professional license is the authorization to practice and use a professional title in New York State. Your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. This application packet contains the forms and instructions you need to apply for a license.

LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at www.op.nysed.gov. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send renewal information to the name and address we have on file for you (see the Address or Name Changes section on next page), at least four months before your registration expires.

VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement **directly** from the organization where you met the requirement (e.g., school, testing agency, licensing authority, certifying board, hospital, employer, etc.). These records and documents must bear an original (**not photocopied**) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. **You are responsible for asking organizations and individuals to complete and directly submit to us the documentation you need.** Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

NOTE: Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.

ADDRESS OR NAME CHANGES

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, the last four digits of your social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

For address changes you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 592
TDD/TTY 518-473-1426

Fax: 518-402-5354

E-mail: opunit5@mail.nysed.gov

For name changes a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions
Division of Professional Licensing Services
Mental Health Counseling Unit
89 Washington Avenue
Albany, NY 12234-1000

NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license. You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at www.op.nysed.gov/anchange.pdf to notify the Department of a change in your address or name.

PROFESSIONAL CONDUCT

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession.

Title 8 of the NYS Education Law is available on our Web site at www.op.nysed.gov/title8/

Part 29 of the Rules of the Board of Regents is available on our Web site at www.op.nysed.gov/title8/part29.htm

RECORDS RETENTION AND DISPOSITION STATEMENT

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

DISCLOSURE OF SOCIAL SECURITY NUMBERS

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

APPLYING FOR A LICENSE AS A MENTAL HEALTH COUNSELOR

GENERAL REQUIREMENTS

The practice of Mental Health Counseling and use of the titles "Mental Health Counselor" and "Licensed Mental Health Counselor" or any derivative thereof within New York State requires licensure as a Mental Health Counselor, unless otherwise exempt under the law.

To be licensed as a Mental Health Counselor in New York State you must:

- be of good moral character, as determined by the Department;
- be at least 21 years of age;
- meet education requirements;
- meet experience requirements;
- meet examination requirements; and
- complete coursework or training in the identification and reporting of child abuse offered by a New York State approved provider.

Submit an Application for Licensure (Form 1) and the other forms indicated, along with the appropriate fee for licensure and first registration, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.**

The specific requirements for licensure are contained in Title 8, Article 163, section 8402 of New York's Education Law and Section 52.32 and Subpart 79-9 of the Regulations of the Commissioner of Education. The Law and Regulations are available on our Web site at www.op.nysed.gov/prof/mhp.

FEES (fees listed are those in effect at the time this application was printed)

Fee Schedule:

The fee for licensure and first registration is \$371.

The fee for a limited permit is \$70.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. **Your cancelled check is your receipt.**
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the Application for Licensure (Form 1).**

PLEASE NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Mental Health Counseling Unit by e-mailing opunit5@mail.nysed.gov or by calling 518-474-3817 ext. 592 or by faxing 518-402-2323.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure fee and meet the licensure requirements in place at the time you reapply.

EDUCATION REQUIREMENTS

To meet the professional education requirement for licensure as a Mental Health Counselor, you must present evidence of receiving a **master's or doctoral degree in counseling** from a program that is:

- registered by the Department as licensure qualifying;
- accredited by an acceptable accrediting agency*; or
- determined by the Department to be the substantial equivalent of such a registered or accredited program.

*The Department has designated the Commission on the Accreditation of Counseling Related Education Programs (CACREP) as an acceptable accrediting agency. New York has not approved any on-line programs to offer a degree leading to licensure in this profession.

A program located outside the United States and its territories may be used to satisfy the professional education requirement if it:

- prepares individuals for the professional practice of Mental Health Counseling; and
- is recognized by the appropriate civil authorities of that jurisdiction; and
- can be appropriately verified; and
- is determined by the Department to be the substantial equivalent of a registered licensure qualifying or acceptable accredited master's or doctoral program in counseling.

Substantial Equivalence

To be considered substantially equivalent, your program must include at least 60 semester hours, or the equivalent, of graduate study that contains curricular content that includes but is not limited to the following areas:

- human growth and development;
- social and cultural foundations of counseling;
- counseling theory and practice;
- psychopathology;
- group dynamics;
- lifestyle and career development;
- assessment and appraisal of individuals, couples, families and groups;
- research and program evaluation;
- professional orientation and ethics;
- foundations of Mental Health Counseling and consultation;
- clinical instruction; and
- include a minimum one year supervised internship or practicum in Mental Health Counseling where one year means at least 600 clock hours.

Note: The education requirement for licensure as a Mental Health Counselor can only be met through completion of graduate level courses at an acceptable degree granting institution. Training in an institute or by a registered individual does not meet the education requirement for licensure even if the training is accredited by a private organization.

Evidence of receipt of your degree(s) must be presented on Form 2 - Certification of Professional Education - and must be submitted directly to the Office of the Professions by the school(s) where you obtained your degree(s). In most cases, an official transcript is also needed.

A degree in school counseling, school psychology, social work or a related field does not meet the education requirements. An applicant with a degree in another field must be individually evaluated to determine what additional graduate coursework, including supervised internship/practicum, must be completed to constitute an equivalent degree.

In addition to the professional education requirement, every applicant for Mental Health Counseling licensure or a limited permit must complete coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law. You must submit a certificate of completion from an approved provider or file a certification of exemption before a New York State license or limited permit can be issued. Additional information and a list of approved providers are available on our Web site at www.op.nysed.gov/training/camemo.htm. You may be eligible for exemption from the training if you can document, to the satisfaction of the Department, that your practice does not involve professional contact with persons under the age of 18 and that you do not have contact with persons 18 or older with a handicapping condition, who reside in a residential care school or facility. An exemption form (Form 1CE) is included in this application packet.

EXPERIENCE REQUIREMENTS

To meet the experience requirement for licensure as a Mental Health Counselor, you must submit documentation of completion of a supervised experience of at least 3,000 clock hours providing Mental Health Counseling in a setting acceptable to the Department. The supervised experience must be obtained **after** completion of the master's degree program required for licensure.

The practice of Mental Health Counseling is defined as:

- the evaluation, assessment, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; and
- the use of assessment instruments and Mental Health Counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate Mental Health Counseling services.

Not less than 1,500 clock hours of such required experience must consist of direct contact with clients. The remaining experience may consist of other activities that do not involve direct client contact, including but not limited to, recordkeeping, case management, research, supervision and professional development.

Experience for licensure must be completed in a legal manner, under a qualified supervisor in a setting that is authorized to provide professional services. In New York State, the experience must be under a limited permit issued by the Department for a specific setting under a qualified supervisor (see below). Experience in other jurisdictions will be evaluated to determine if the equivalent requirements have been satisfied in a legal manner.

You must apply for a license and have your education approved to be eligible for a limited permit. For additional information about limited permits, see the Limited Permits Section.

To be acceptable to the Department, your supervised experience in New York State must meet the following supervision and setting requirements.

Supervision of Experience

Your supervisor must be licensed and registered in New York State to practice Mental Health Counseling, medicine, as a physician assistant, psychology, licensed clinical social work, or as a registered professional nurse or nurse practitioner and competent in the practice of Mental Health Counseling, or must have the equivalent qualifications as determined by the Department for experience completed in another jurisdiction.

The supervisor is responsible for the assessment, evaluation, and treatment of each patient and must delegate to the limited permit holder those activities the limited permit holder is competent to perform by education, training or licensure. The supervisor must provide an average of one hour per week or two hours every other week of in-person individual or group supervision.

The supervisor provides you with oversight and guidance in assessment and evaluation, treatment planning, completing psychosocial histories and progress notes, individual counseling, group counseling, psychotherapy, and consultation, and reviews your assessment and treatment of each client seen under his/her general supervision.

In addition, the supervisor is responsible for appropriate oversight of all services provided by a limited permit holder under his or her general supervision. **No supervisor can supervise more than five limited permit holders at one time.**

All supervised experience must be verified by your supervisor(s) using a Certification of Supervised Experience (Form 4B). Acceptable verification should include an attestation by the actual supervisor. In cases where such attestation is not available, the Department may accept an attestation of the duration and frequency of the supervised experience and the qualifications of the supervisor submitted by a licensed colleague.

Setting for Experience

The setting where the experience is obtained must be a location where legally authorized individuals provide services that constitute the practice of Mental Health Counseling, as defined in Education Law, and must be responsible for the services provided by individuals gaining experience for licensure. The setting **cannot** be a private practice owned or operated by you. If the experience is completed in a setting other than the permit setting, you must submit an operating certificate or certificate of incorporation that indicates the entity is authorized to employ licensed professionals and provide services that are restricted under Title VIII of the Education Law.

An acceptable setting is defined in the Commissioner's Regulations as:

- i. a professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of Mental Health Counseling;
- ii. a sole proprietorship owned by a licensee who provide services that are within the scope of his or her profession and services that are within the scope of practice of Mental Health Counseling;
- iii. a professional partnership owned by licensees who provide services that are within scope of practice of Mental Health Counseling;
- iv. a hospital or clinic authorized under Article 28 of the Public Health Law to provide services that are within the scope of practice of Mental Health Counseling;
- v. a program or facility authorized under the Mental Hygiene Law to provide services that are within the scope of practice of Mental Health Counseling;
- vi. a program or facility authorized under Federal Law to provide services that are within the scope of practice of Mental Health Counseling;
- vii. an entity defined as exempt from the licensing requirements or otherwise authorized under New York State law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of Mental Health Counseling.

The setting where the experience is gained is responsible for the services provided by individuals gaining experience for licensure. The setting is also responsible for providing adequate supervision to such individuals and for assigning a qualified supervisor, as defined in this section, to individuals gaining experience for licensure.

EXAMINATION REQUIREMENTS

Please note: New York State candidates for the Mental Health Counselor licensing examination must have completed their graduate program and received the graduate degree as a condition for admission to the examination. Applicants for licensure will not be approved to take the examination prior to receipt of the graduate degree.

To meet the examination requirement for licensure as a Mental Health Counselor in New York State, you must pass the "National Clinical Mental Health Counselor Examination (NCMHCE)," administered by the National Board for Certified Counselors (NBCC). The National Counselor Examination (NCE) from NBCC is **not** acceptable for licensure.

Before being admitted to an examination for New York State licensure, you must:

1. Submit an Application for Licensure (Form 1) and fee (\$371) to the New York State Education Department.
2. Ask your school to verify your education directly to the New York State Education Department on the Certification of Professional Education form (Form 2).
3. Receive notification of approval of your education and all application materials from the New York State Education Department. (We will notify you and the examination administrators when you have satisfied the examination eligibility requirements.)
4. Register directly with the examination administrator to take the examination after being notified of your eligibility.

Information regarding the examination, including examination format, select bibliography, and availability of study materials for purchase, may be obtained from the NBCC by contacting them at:

National Board for Certified Counselors
3 Terrace Way, Suite D
Greensboro, NC 27403-3660
Phone: 336-547-0607
Fax: 336-547-0017
E-mail: certification@nbcc.org
Web: www.nbcc.org

If you have passed the NCMHCE for another licensing jurisdiction, you will need to ask NBCC to submit your passing examination score directly to the Office of the Professions on your behalf, using the contact information above.

Note: New York State will not accept an examination given under non-standard conditions except per the provisions of the Americans with Disabilities Act. Examples of such non-standard conditions include the use of a dictionary or extra time for applicants whose primary language is other than English. If a candidate passed the examination under non-standard conditions for another jurisdiction, that candidate may be required to retake the examination under standard conditions.

Reasonable Testing Accommodations

If you have a disability and may require reasonable testing accommodations for the examination, you must complete and submit a Request for Reasonable Testing Accommodations form. This form is available on our Web site at www.op.nysed.gov/documents/pls1ra.pdf. You must mail the Request for Reasonable Testing Accommodations form to the address printed on that form, along with the required documentation. You will be notified in writing as to whether or not your request for accommodations has been approved. If your request is approved, it will be valid for 1 year from the date of the approval notification. A copy of your accommodation approval must be attached to your NCMHCE examination registration form. You may not test until your request for accommodations has been processed by the Department. If you schedule a test before your request for accommodations has been processed, you may lose any fee paid to the examination administrator. Please be sure to check the box in item 8 of your Application for Licensure (Form 1) if you are requesting accommodations.

APPLICANTS LICENSED IN ANOTHER JURISDICTION

If you are or have been licensed/certified in another jurisdiction(s), you must request the licensing authority of the jurisdiction(s) to provide verification of your licensure/certification on a Verification of Other Professional Licensure/Certification (Form 3). The Form 3 will be reviewed to determine if you have prior disciplinary history which may constitute a question of moral character for the license or limited permit.

Licensure by Endorsement

An applicant seeking endorsement of a license in Mental Health Counseling issued by another jurisdiction must present evidence of having completed 5 years of licensed practice in the 10 years prior to applying

for licensure in New York State. You must have been licensed in the other jurisdiction by meeting the following requirements:

- being at least 21 years of age;
- holding a graduate degree in counseling or a related field that at the time of completion qualified you for licensure as a Mental Health Counselor in another jurisdiction;
- completing supervised experience in Mental Health Counseling and psychotherapy that qualified you for initial licensure in the other jurisdiction; and
- passing an examination acceptable to the New York State Education Department for the practice of Mental Health Counseling.

You must be of good moral character, as determined by the Department, and complete the required course work in the identification and reporting of child abuse or the exemption from such course work, as required in Section 6507(3) of the Education Law.

If you cannot certify 5 years of acceptable post-licensure experience in the 10 years prior to applying for a New York State license, you are not eligible for licensure by endorsement and must apply as an applicant for initial licensure. If your initial license in Mental Health Counseling was issued by a jurisdiction that does not have significantly comparable licensure requirements to New York State, you will need to submit all of the documentation required of an applicant for initial licensure so that the Education Department can determine whether your qualifications are substantially similar to New York State's licensure requirements.

To apply for licensure by endorsement you must submit:

- an Application for Licensure (Form 1) along with the \$371 fee; and
- verification of your licensure status from the jurisdiction in which you were initially licensed, and if it is different, from any other jurisdiction in which you are or have been licensed. Each licensing authority must complete and submit a Verification of Other Professional Licensure/Certification (Form 3); and
- an Endorsement Applicant Experience Record (Form 4E); and
- a Certification of Licensed Experience (Form 4F) completed and submitted by the licensed colleague who is attesting to your 5 years of post-licensure experience within the last 10 years.

In addition, you must have NBCC submit your examination scores to the Department.

LIMITED PERMITS

A limited permit allows an individual who has submitted an Application for Licensure (Form 1) and who, in the determination of the Department, has satisfied all the requirements for licensure as a Mental Health Counselor except the examination and/or experience requirements to practice Mental Health Counseling under the appropriate supervision while meeting the requirements.

Limited permits are only issued for specific practice sites in New York State under a qualified supervisor acceptable to the Department. The setting must be authorized to employ licensed professionals and provide services that are restricted under Title VIII of the Education Law. Appropriate supervision and allowable practice sites are the same as those for the experience requirements specified above. Effective January 1, 2006, one must be licensed or otherwise exempt to practice Mental Health Counseling or supervise a permit holder.

The limited permit is valid for a period of two years. The permit may be extended for one additional year at the discretion of the Department if the Department determines that the permit holder has made good faith efforts to successfully complete the examination and/or experience requirement during the year but has not passed the licensing examination or completed the experience requirement, or has other good cause as determined by the Department for not completing the examination and/or experience requirement. To request an extension of your limited permit, you must submit a new Application for Limited Permit (Form 5) and a fee of \$70 along with a justification for the extension.

You may apply for a limited permit by submitting the Application for Limited Permit (Form 5) and fee of \$70 at the same time or any time after you submit your Application for Licensure (Form 1), licensure fee

of \$371, and evidence of satisfactory education. Practice without a permit is not allowed and any experience obtained without a limited permit may not be acceptable for licensure. You may not practice until the limited permit is issued by the Department.

COMPLETING THE APPLICATION FORMS

for licensure as a Mental Health Counselor

INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms.

FORM 1 - APPLICATION FOR LICENSURE

All applicants for licensure must complete this form and submit it with the \$371 fee for licensure and first registration directly to the Office of the Professions at the address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.**

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. **Your signature on Form 1 must be notarized by a Notary Public.**

FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

This form must be submitted directly by the educational institution(s) where you completed your counseling studies. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to your educational institution. Be sure to sign and date item 9 and include any fee required by the institution.

Section II: The Registrar must complete this section and return both pages of the form in an official school envelope directly to the Office of the Professions at the address at the end of the form. An official transcript is also required if the degree program was not registered by New York State as licensure qualifying at the time you completed the program.

FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

Complete this form if you hold, or have ever held, a license or certificate to practice any profession* in any jurisdiction.

This form must be submitted directly by the licensing/certifying authority. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section of the form before sending the entire form to the licensing/certifying authority of each jurisdiction in which you are or have been licensed/certified. Be sure to sign and date item 8.

Section II: The licensing/certifying authority must complete this section, sign, date and return both pages or the form directly to the Office of the Professions at the address at the end of the form.

Note: A Form 3 is not required for licenses/certificates issued by the New York State Education Department.

*Profession is defined as professional titles licensed under New York State Education Law. (See page 2 of the Address/Name Change Form at the end of this packet for a list of those titles.)

APPENDIX A - REQUIREMENTS FOR SUPERVISED EXPERIENCE

Send this document to the licensed professional(s) who supervised your experience or will supervise your practice under a limited permit and/or the individuals endorsing your application for licensure along with the form you are asking them to complete.

FORM 4 - APPLICANT EXPERIENCE RECORD

Complete this form and send it to the Office of the Professions at the address at the end of the form. Be sure to sign and date item 8.

FORM 4B - CERTIFICATION OF SUPERVISED EXPERIENCE

This form must be submitted directly by the licensed professional(s) who supervised your experience. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before giving the entire form and a copy of Appendix A to the licensed professional(s) who supervised your experience. Be sure to sign and date item 6.

Section II: The licensed professional(s) who supervised your experience must complete this section and return both pages of the form directly to the Office of the Professions at the address at the end of the form. The supervisor must be the supervisor named on your limited permit, for experience in New York.

A separate Form 4B must be submitted for each supervised experience you list on the Applicant Experience Record (Form 4).

FORM 4E - ENDORSEMENT APPLICANT EXPERIENCE RECORD

This form is for applicants seeking licensure in New York State by endorsement of a license to practice Mental Health Counseling issued by another jurisdiction. You must have at least 5 years of licensed experience in Mental Health Counseling, in the 10 year period prior to applying for licensure in New York State.

Complete and send both pages of this form directly to the Office of the Professions at the address at the end of the form. Be sure to sign and date item 8.

You must also complete a separate Form 4F for each licensed colleague you list on the Endorsement Applicant Experience Record (Form 4E).

FORM 4F - CERTIFICATION OF LICENSED EXPERIENCE

This form is for applicants seeking licensure in New York State by endorsement of a license to practice Mental Health Counseling issued by another jurisdiction. You must have at least 5 years of licensed experience in Mental Health Counseling in the 10 year period prior to applying for licensure in New York State.

This form must be submitted by the licensed colleague(s) who is attesting to your licensed practice as a Mental Health Counselor in another jurisdiction. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section and send the entire form to the licensed colleague who will attest to your experience as a Mental Health Counselor in another jurisdiction. Be sure to sign and date item 6.

Section II: The licensed colleague who will attest to your licensed experience must complete this section and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

A separate Form 4F must be submitted for each licensed colleague listed on the Endorsement Applicant Experience Record (Form 4E).

FORM 5 - APPLICATION FOR LIMITED PERMIT

Section I: Complete this section and give the form and a copy of Appendix A to your prospective supervisor. Be sure to sign and date item 9.

Section II: Ask your prospective supervisor to complete this section.

Return the completed form with the \$70 fee to the Office of the Professions at the address at the end of the form.

Completing Additional Forms

FORM 1CE - CHILD ABUSE CERTIFICATION OF EXEMPTION FORM

This form is not for all applicants. Use this form only if you are applying for an exemption to the requirement to complete training or coursework in the identification of child abuse and maltreatment because the nature of your practice excludes contact with persons under the age of 18 and persons 18 or older with a handicapping condition who reside in a residential care school or facility.

FORM AD/NAME - ADDRESS/NAME CHANGE FORM

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.

Mental Health Counselor

APPLICANT CHECKLIST

Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. You should keep a copy of all application forms submitted.

CHECK (✓) AND DATE EACH STEP WHEN COMPLETED.

- _____ 1. Have you completed and sent the following to the Office of the Professions?
- _____ A. FORM 1 - APPLICATION FOR LICENSURE
 - _____ B. FEE (\$371) - FOR LICENSURE AND FIRST REGISTRATION
 - _____ C. FORM 4 - APPLICANT EXPERIENCE RECORD (initial applicants)
 - _____ D. FORM 5 - APPLICATION FOR LIMITED PERMIT (if applicable) and fee (\$70)
 - _____ E. FORM 4E - ENDORSEMENT APPLICANT EXPERIENCE RECORD (endorsement applicants)

- _____ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or individual(s)? Keep copies of the requests so that you may check with them to be sure they have submitted the information.

- _____ A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

Sent to the following educational institutions: Date sent

- _____ B. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

Sent to the following jurisdictions: Date sent:

- _____ C. FORM 4B - CERTIFICATION OF SUPERVISED EXPERIENCE

Sent to the following supervising licensed professional(s): Date sent:

- _____ D. FORM 4F - CERTIFICATION OF LICENSED EXPERIENCE

Sent to the following supervising licensed colleague(s): Date sent

TO SPEED PROCESSING OF YOUR APPLICATION:

- **Submit your application for licensure in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.**
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.

17 Please print clearly giving an accurate record of your educational preparation below. **YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.** Attach additional sheets if necessary.

Name of High School/Secondary School or GED Diploma issuer: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____ or Date GED issued: _____ / _____ / _____
 mo. day yr. mo. day yr.

Undergraduate College Study

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____ / _____
 mo. day yr.

Graduate Program in Counseling:

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____ / _____
 mo. day yr.

Other Graduate Study:

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____ / _____
 mo. day yr.

18 Do you now hold, or have you ever held, a license or certificate to practice any profession* in any jurisdiction? Yes No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

*Profession is defined as professional titles licensed under New York State Education Law.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

19 Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A. I am not under an obligation to pay child support

OR

B. I am under an obligation to pay child support and (please check only one of the following)

I am current and **am not** four months or more in arrears in the payment of child support; or,

I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,

The child support obligation is the subject of a pending court proceeding; or,

I am receiving public assistance or supplemental security income; or,

None of the above four statements apply.

* New York State General Obligations Law, section 3-503.

20 Citizenship/Immigration Status:

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

A. A United States citizen or National.

B. An alien lawfully admitted for permanent residence in the United States.

C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.

D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.

E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.

F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.

G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.

H. Non Immigrant (Temporarily in U.S.)
Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States:

I. I do not reside in the United States.

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): _____
USCIS number Expiration date

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

21 Language, Gender and Ethnicity: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender: Male Female

Ethnicity: White (not Hispanic) Black (not Hispanic) Asian Hispanic Native American

22 Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes

No

Please initial: _____

23 Child Abuse Identification and Reporting Coursework Requirement (check one):

- I graduated from a NYS registered program and completed the coursework during my studies.
- I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider.
- I completed the child abuse coursework online and the approved provider will report that to you electronically.
- I am filing for an exemption to the requirement and have enclosed the Certification of Exemption (Form 1CE).

24 Affidavit With Acknowledgment (Notarization required.)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, 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 signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Mail this form and appropriate fee 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

Section II: Certification of Professional Education

Instructions to the Registrar: Please complete Parts A, B and C before sending both pages of this form in an official school envelope directly to the Office of the Professions at the address at the end of the form. **This form will not be accepted if submitted by the applicant or any other party.**

Name of applicant: _____
(Section I, item 5)

Part A - Mental Health Counseling Program Registered by the New York State Education Department (NYSED) as licensure qualifying: To be completed only by those schools whose Mental Health Counseling program was, at the time the applicant's degree was (or will be) awarded, registered by the NYSED as licensure qualifying.

Completed the program on ____ / ____ / ____ and was awarded the degree/diploma of _____
mo. day yr. (Title of degree/diploma)

In the program area or major of _____ on the date of ____ / ____ / ____.
(Title) mo. day yr.

OR

on ____ / ____ / ____ this institution determined that the above-named student met all requirements for the degree and
mo. day yr.
the institution has agreed to award the degree/diploma of _____ on ____ / ____ / ____.
(Title of degree/diploma) mo. day yr.

Part B - All Other Programs. An official transcript or marksheet giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:
Entrance date: ____ / ____ / ____ Completion date: ____ / ____ / ____ Withdrawal date: ____ / ____ / ____
mo. day yr. mo. day yr. mo. day yr.

2. Degree/diploma awarded: _____

3. Date degree/diploma awarded: ____ / ____ / ____
mo. day yr.
Name of accrediting body or official organization that recognizes this program: _____

Date of Accreditation: ____ / ____ / ____
mo. day yr.
Address of accrediting body or official organization that recognizes this program: _____

PART C - Certification (To be completed by ALL schools)

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar: _____ Date: ____ / ____ / ____
mo. day yr.

Print or Type Name: _____

Title or official position: _____

Institution: _____

Address: _____

(INSTITUTION SEAL)

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____

E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Section II: Verification of Other Professional Licensure/Certification

Instructions to the Licensing/Certifying Authority: Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1. Name of applicant: _____
(Section I, item 6)

2. Professional title on license/certificate: _____
License/certificate number: _____ Date of licensure/certification: _____ / _____ / _____
mo. day yr.

3. Verification of licensure/certification
What requirements did the applicant meet to become licensed/certified in your jurisdiction?

Education: Degree: _____

Examination:
Oral Examination Title: _____ Date: _____ / _____ / _____ Score: _____
mo. day yr.

Written Examination Title: _____ Date: _____ / _____ / _____ Score: _____
mo. day yr.

Experience:
 None _____ hours Describe (i.e., clock hours) _____
 Endorsement of license/certificate from or reciprocity with: _____
(name of jurisdiction)
 Grandparented

4. A. Has the applicant identified in Section I been subject to any disciplinary action? Yes No
B. Are any charges pending against this individual? Yes No
If the answer to either A or B is "yes," please attach a complete explanation with any supporting documentation.

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted in item 4 above or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

Title: _____

Licensing/certifying authority: _____ (SEAL)

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Appendix A

Requirements for Supervised Experience Mental Health Counselor

The experience requirement for licensure as a Mental Health Counselor requires completion of a supervised experience of at least 3,000 clock hours providing Mental Health Counseling in a setting acceptable to the Department. The supervised experience must be obtained after completion of the professional education requirement for licensure. All experience must be documented on Form 4B.

The supervised experience and practice under a limited permit must meet the following supervision and setting requirements.

Supervision of Experience

The supervisor must be licensed and registered in New York State as a Mental Health Counselor, physician, physician assistant, psychologist, licensed clinical social worker, or registered professional nurse or nurse practitioner and competent in Mental Health Counseling, or must have the equivalent qualifications as determined by the Department.

An applicant must obtain experience for licensure while under the general supervision of a qualified supervisor. General supervision means that a qualified supervisor is available for consultation, assessment and evaluation when professional services are being rendered by an applicant and the supervisor exercises the degree of supervision appropriate to the circumstances.

The supervisor must provide at least one hour per week or four hours per month of in-person individual or group supervision where the supervisor:

- reviews the applicant's assessment, evaluation and treatment of each client under his or her general supervision; and
- provides oversight, guidance and direction to the applicant in developing skills as a Mental Health Counselor.

In addition, the supervisor is responsible for appropriate oversight of all services provided by a limited permit holder under his or her general supervision. **No supervisor can supervise more than five limited permit holders.**

Setting for Experience

An acceptable setting is defined in the Commissioner's Regulations as:

- i. a professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of Mental Health Counseling;
- ii. a sole proprietorship owned by a licensee who provide services that are within the scope of his or her profession and services that are within the scope of practice of Mental Health Counseling;
- iii. a professional partnership owned by licensees who provide services that are within scope of practice of Mental Health Counseling;
- iv. a hospital or clinic authorized under Article 28 of the Public Health Law to provide services that are within the scope of practice of Mental Health Counseling;
- v. a program or facility authorized under the Mental Hygiene Law to provide services that are within the scope of practice of Mental Health Counseling;
- vi. a program or facility authorized under Federal Law to provide services that are within the scope of practice of Mental Health Counseling;
- vii. an entity defined as exempt from the licensing requirements or otherwise authorized under New York State law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of Mental Health Counseling.

The setting where the experience is gained is responsible for the services provided by individuals gaining experience for licensure. The setting is also responsible for providing adequate supervision to such individuals and for assigning a qualified supervisor, as defined in this section, to individuals gaining experience for licensure.

The practice of Mental Health Counseling is defined in Education Law as:

- the evaluation, assessment, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; and
- the use of assessment instruments and Mental Health Counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate Mental Health Counseling services.

Not less than 1,500 clock hours of such required experience shall consist of direct contact with clients. The remaining experience may consist of other activities that do not involve direct client contact, including but not limited to, recordkeeping, case management, research, supervision and professional development.

7

List the supervisor(s) who will verify your experience for licensure as a Mental Health Counselor.

- You must document 3,000 clock hours of supervised Mental Health Counseling experience.
- The supervisor(s) must meet the qualifications in Appendix A.
- The supervisor(s) listed must have supervised your experience in assessment and evaluation, treatment planning, completing psychosocial histories and progress notes, individual counseling, group counseling, psychotherapy, and consultation.
- If a supervisor is deceased, you should list a licensed colleague who will attest to your supervised experience and to the qualifications of the deceased supervisor.

Assigned Number	Name of Supervisor and Address of Experience Setting	Dates of Experience	
1		From:	To:
		Total clock hours:	
2		From:	To:
		Total clock hours:	
3		From:	To:
		Total clock hours:	
4		From:	To:
		Total clock hours:	
5		From:	To:
		Total clock hours:	
6		From:	To:
		Total clock hours:	

8

Attestation

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant's Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Section II: Certification of Supervised Experience

Instructions to Supervisor: Complete Section II, Items A and B, sign and date the affidavit and send both pages of this form directly to the address at the end of this form. **Your signature on this form must be notarized by a Notary Public. This form will not be accepted if returned by the applicant. If the supervised experience occurred outside of New York State, you must include a copy of your license and an operating certificate or authorization for the entity to provide professional services.**

A. Supervisor's Qualifications: I have reviewed Appendix A and I meet the qualifications as a supervisor.

I am a licensed _____ in _____
Professional Title State

License number (Attach a copy of your license if other than New York) _____ Date licensed _____

B. Experience Information: I am attesting that I supervised _____ for
Applicant Name
at least one hour per week or two hours every other week in the practice of Mental Health Counseling (defined below) as follows.

Address of setting where experience took place _____ City _____ State _____ Zip Code _____

Dates of Experience: From _____ / _____ / _____ To _____ / _____ / _____ Present
mo. day yr. mo. day yr.

Total hours practicing Mental Health Counseling: _____

The practice of Mental Health Counseling is defined as the evaluation, assessment, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; and is the use of assessment instruments and Mental Health Counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate Mental Health Counseling services.

Affidavit with Acknowledgement (Notarization required.)

Supervisor

I declare and affirm that the statements made in the foregoing application, including any attached statements, are true, complete and correct and that the experience I am attesting to meets the requirements for supervised experience detailed in Appendix A.

Check here if you are attaching additional information.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, 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 signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000.

7 List the licensed colleague(s) who will verify your experience for licensure as an Mental Health Counselor.

The colleague(s) listed must have knowledge of your experience in Mental Health Counseling for at least 5 years in the 10 years prior to your application.

Assigned Number	Name and Address of Colleague Verifying Licensed Experience	Dates of Experience	
		From	To
1			
2			
3			
4			
5			
6			
7			

8 **Attestation**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant's Signature: _____ Date: ____ / ____ / ____
mo. day yr.

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Section II: Certification of Licensed Experience

Instructions to Licensed Colleague: Complete Section II, Items A and B, sign and date the affidavit and send both pages of this form directly to the address at the end of this form. **Your signature on this form must be notarized by a Notary Public. This form will not be accepted if returned by the applicant. You must include a copy of your license.**

A. Licensed Colleague's Qualifications:

I am a licensed _____ in _____
Professional Title State

License number (Attach a copy of your license if other than New York) _____ Date licensed _____

B. Experience Information: I am attesting that _____ Applicant Name

practiced Mental Health Counseling (defined below) as follows.

Address of setting where experience took place _____ City _____ State _____ Zip Code _____

Dates of Experience: From _____ / _____ / _____ To _____ / _____ / _____
mo. day yr. mo. day yr.

The practice of Mental Health Counseling is defined as the evaluation, assessment, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; and is the use of assessment instruments and Mental Health Counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate Mental Health Counseling services.

Affidavit with Acknowledgement (Notarization required.)

Licensed Colleague

I declare and affirm that the statements made in the foregoing application, including any attached statements, are true, complete and correct and that the experience I am attesting to meets the definition of Mental Health Counseling.

Check here if you are attaching additional information.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, 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 signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Mental Health Counselor Form 5

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Department Use Only

Application for Limited Permit

Applicant Instructions

1. A limited permit authorizes practice as a Mental Health Counselor under the general supervision of an appropriately licensed professional. Complete Section I. Be sure to sign and date item 9. Give your prospective supervisor a copy of Appendix A along with both pages of this application. It is your responsibility to ensure that the supervisor 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 Mental Health Counselor in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee (\$371), you must submit them with this form and the limited permit fee. **Permits cannot be issued until all required documentation has been received and approved.**
3. Submit this application and the \$70 fee to the Office of the Professions at the address at the end of this form.
4. If you change or have additional settings or 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 supervisor or setting.
5. The limited permit is valid for a period of two years. The permit may be extended for up to two additional one-year periods at the discretion of the Department if the Department determines that you have made good faith efforts to successfully complete the examination and/or experience requirements but have not passed the licensing examination or completed the experience requirement, or have other good cause as determined by the Department for not completing the examination and/or experience requirement. To apply for an extension you must submit a new application for a limited permit and a fee of \$70 along with a justification for the extension.

1	18	\$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)

3 Birth Date Month Day Year

4 Print Name Exactly as You Wish It to Appear on Your License

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

Area Code Phone

E-mail Address (please print clearly)

7 I am applying for:

- Original Permit
- Additional setting
- Additional supervisor
- Change of setting
- Change of supervisor
- Extension (attach justification)

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

A limited permit may be issued to an applicant who has met all requirements for licensure except the licensing examination and/or experience requirements. The permit is valid for two years and may be extended, at the discretion of the Department, for up to two additional one-year periods.

The applicant named in Section I is seeking a limited permit to practice as a Mental Health Counselor in New York State. Complete the information below to certify that the applicant will be supervised at the setting named below. Supervision and practice under a limited permit must be consistent with the requirements for supervised experience in Appendix A. You must also attach a copy of your license as well as a copy of the operating certificate or certificate of incorporation authorizing the proposed setting to employ licensed professionals and provide services that are restricted under Title VIII of the Education Law.

Applicant's name: _____
(Section I, item 4)

A. I have reviewed Appendix A and I meet the qualifications as a supervisor.

I am a licensed _____ in _____
Professional Title State

License number (Attach a copy of your license if other than New York) _____ Date licensed _____

B. Setting where experience will take place:

Name of facility (if applicable)

Street City State Zip Code

The above facility is a (check one and attach a copy of the operating certificate):

- Office of Mental Health (OMH) approved facility
- Office for People With Developmental Disabilities (OPWDD) 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 Mental Health Counselor (not owned by the applicant)
- Office of a licensed physician, clinical social worker, or psychologist (PLLP, PLLC)
- Other facility: _____

Attestation of Supervisor

I will supervise the permit holder in accordance with the requirements in Appendix A. 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: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
PO Box 22063, Albany, NY 12201.**

ADDRESS/NAME CHANGE FORM

INSTRUCTIONS

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by e-mailing oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation.

Acceptable supporting documentation includes:

A court order authorizing your name change, marriage certificate, or divorce papers **and** a copy of a photo ID in your new name.

Or

Two (2) of the following:

- A letter from the Social Security Administration indicating both your old and new names.
- Copies of both old and new driver's licenses.
- Copies of both old and new New York State non-driver photo ID cards.
- Copies of both old and new Social Security Cards.
- Copies of both old and new passports.
- Copies of both old and new U.S. Military photo ID cards.

Other forms of identification may be acceptable as supporting documentation. Please contact the Records/Archives Unit by calling 518-474-3817 Ext. 380 or by e-mailing oparchiv@mail.nysed.gov before submitting.

Be sure to sign and date Section IV. Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your **new** name, check the appropriate box in Section III and enclose your **original parchment** (your original parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it).

- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

NOTE: Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

Section I: Your General Information

1. Name (currently on record): _____

2. Social Security Number: Birth Date: Month Day Year

Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____

E-mail: _____ Fax: _____ - _____ - _____

3. Are you reporting an address and/or name change? address change name change both

4. Effective date of change: _____ / _____ / _____ **(Note: Changes cannot be accepted until after the effective date.)**

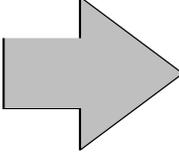
5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of: _____

I am currently licensed in New York State in the profession(s) of: _____ (see list of professions on page 2)

_____ New York State license number:

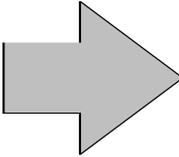
Section II: Address Change (please print)

Information <u>Currently On Record</u>		New Information
Apt./Bldg. _____ Street _____ City _____ State _____ Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province or Country (if not U.S.) _____		Apt./Bldg. _____ Street _____ City _____ State _____ Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province or Country (if not U.S.) _____

Is this new address a business address? Yes No

Failure to answer this question will result in your address being deemed a business address and, therefore, public information.

Section III: Name Change (please print) If you are reporting a name change, please sign using your **NEW** name in Section IV. **If you are currently registered you will receive a new registration certificate.**

Information <u>Currently On Record</u>		New Information
Last Name _____ First Name _____ Middle or Initial _____		Last Name _____ First Name _____ Middle or Initial _____

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your **original** parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it.

Section IV: Affidavit

I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature

Date

Professional Titles Licensed Under Education Law

(See item #5 on page 1 of the form.)

- | | | |
|--|--|--|
| Acupuncturist
Architect
Athletic Trainer
Audiologist
Certified Clinical Laboratory Technician
Certified Dental Assistant
Certified Histological Technician
Certified Public Accountant
Certified Shorthand Reporter
Chiropractor
Clinical Laboratory Technologist
Creative Arts Therapist
Cytotechnologist
Dental Hygienist
Dentist
Dietitian/Nutritionist
Interior Designer | Landscape Architect
Land Surveyor
Licensed Clinical Social Worker
Licensed Master Social Worker
Licensed Practical Nurse
Marriage and Family Therapist
Massage Therapist
Medical Physicist
Mental Health Counselor
Midwife
Nurse Practitioner
Occupational Therapist
Occupational Therapy Assistant
Ophthalmic Dispenser
Optometrist
Perfusionist
Pharmacist | Physical Therapist
Physical Therapist Assistant
Physician
Podiatrist
Polysomnographic Technologist
Professional Engineer
Psychoanalyst
Psychologist
Public Accountant
Registered Physician Assistant
Registered Professional Nurse
Registered Specialist Assistant
Respiratory Therapist
Respiratory Therapy Technician
Speech-Language Pathologist
Veterinarian
Veterinary Technician |
|--|--|--|

Applicants
mail to

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
(insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Licensees
mail to

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**The State Education Department
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000**