

Mental Health Counselor Form 5

Application for Limited Permit

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

Applicant Instructions

1.	18	\$70	PR
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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 your 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 documents** have 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 reissued 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.

Section I - Applicant Information

<p>2. Social Security Number <i>(Leave this blank if you do not have a U.S. Social Security Number)</i></p>	<p>3. Birth Date Month Day Year</p>
<p>4. Print Your Name Exactly As It Appears On Your Application for Licensure (Form 1)</p> <p style="margin-left: 20px;">Last</p> <p style="margin-left: 20px;">First</p> <p style="margin-left: 20px;">Middle</p>	<p>6. Telephone/Email Address Daytime Phone</p> <p style="margin-left: 20px;">Area Code Phone</p> <p style="margin-left: 20px;">Email Address (please print clearly)</p>
<p>5. Mailing Address (You must notify the Department promptly of any address or name changes)</p> <p style="margin-left: 20px;">Line 1 _____</p> <p style="margin-left: 20px;">Line 2 _____</p> <p style="margin-left: 20px;">Line 3 _____</p> <p style="margin-left: 20px;">City _____</p> <p style="margin-left: 20px;">State ZIP Code _____</p> <p style="margin-left: 20px;">Country/ Province _____</p>	

7. I am applying for

<input type="checkbox"/> Original Permit (include \$70 fee)	<input type="checkbox"/> Extension (attach justification and include \$70 fee)
<input type="checkbox"/> Additional Setting	<input type="checkbox"/> Additional Supervisor
<input type="checkbox"/> Change of Setting*	<input type="checkbox"/> Change of Supervisor*

*If you are applying for a change of setting or supervisor, please indicate the setting and/or supervisor being cancelled

8. Name of prospective employer _____

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)

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

I am a licensed _____ in _____
Professional title *Jurisdiction*

License number (attach a copy of your license if other than New York State) _____ Date licensed _____
mo. day yr.

Setting where experience will take place

Name of facility (if applicable) _____

Address of facility _____
Street *City* *State* *Zip Code*

The above facility is a (check one, attach a copy of operating certificate or certificate of incorporation)

- Office of Mental Health (OMH) approved setting
- Office for People with Developmental Disabilities (OPWDD) approved setting
- Office of Alcoholism and Substance Abuse Services (OASAS) approved setting
- Department of Health (DOH) approved hospital or nursing home
- Office of Children & Family Services (OCFS) approved setting
- Public health agency or setting 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 setting (describe) _____

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.

Signature _____ Date _____

Print Name _____

Address _____

Telephone _____

Fax _____

Email _____

If you are applying for an original permit or renewal; mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201 U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

If you are ONLY applying for a change of, or additional supervisor/setting; mail this form to: New York State Education Department, Office of the Professions, Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000 U.S.A.. **No fee is needed for this option.**