

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**

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.**