Licensed Clinical Social Worker Form 4E

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

Endorsement Applicant Experience Record

This form is for applicants seeking licensure in New York State by endorsement of a license to practice clinical social work issued in another jurisdiction. You must have at least 10 years of licensed experience in clinical social work, in the 15 year period prior to applying for licensure in New York State.

Applicant Instructions

1. 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 9.
2. For your experience, you must also complete Section I of Form 4F and forward the entire form to each colleague you list on page 2 of this form.

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

2 **Birth Date** Month Day Year

3 **Print Name as It Appears on Your Application for Licensure (Form 1)**

Last
First
Middle

4 **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

5 **Telephone/E-mail**

Daytime phone
Area Code Phone

E-mail Address (please print clearly)

6 Date of award of Graduate Social Work Degree: Month Day Year

7 Give any other names by which you have been known: _____

8 **List the colleague(s) who will verify your experience for licensure as an LCSW.**

The colleague(s) listed must have knowledge of your experience in diagnosis, psychotherapy and assessment-based treatment plans for at least 10 years in the 15 years prior to your application.

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

9 **Attestation**

I declare and affirm that the statements made in the foregoing application, including accompanying statements 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 of qualification and may lead to a filing of charges of professional misconduct.

_____ _____ / _____ / _____

Applicant's Signature *mo.* *day* *yr.*

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