

Section II: Certification of Experience

Instructions to 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. **You must sign and date the Affidavit on this form in the presence of a Notary Public. This form will not be accepted if returned by the applicant.**

A. Colleague's Qualifications:

I am a licensed _____ in _____
Professional Title Jurisdiction
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 licensed clinical social work(defined below) as follows.

Address of setting where experience took place _____ City _____ State _____ Zip Code _____
Dates of licensed Experience: From _____ / _____ / _____ To _____ / _____ / _____ Present
mo. day yr. mo. day yr.

"The practice of clinical social work encompasses the scope of practice of licensed master social work and, in addition, includes the diagnosis of mental, emotional, behavioral, addictive and developmental disorders and disabilities and of the psychosocial aspects of illness, injury, disability and impairment undertaken within a psychosocial framework; administration and interpretation of tests and measures of psychosocial functioning; development and implementation of appropriate assessment-based treatment plans; and the provision of crisis oriented psychotherapy and brief, short-term and long-term psychotherapy and psychotherapeutic treatment of individuals, couples, families and groups, habilitation, psychoanalysis and behavior therapy; all undertaken for the purpose of preventing, assessing, treating, ameliorating and resolving psychosocial dysfunction with the goal of maintaining and enhancing the mental, emotional, behavioral, and social functioning and well-being of individuals, couples, families, small groups, organizations, communities and society."

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 licensed clinical social work practice. **This form must be signed and dated in the presence of a Notary Public.**

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 above signed, 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, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000.