



**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.**