

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. The permit is valid for one year and may not be extended.

The applicant named in Section I is seeking a limited permit to practice as an LCSW 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 sign and date the Affidavit on this form in the presence of a Notary Public.**

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) Date licensed

Check if supervisor is third party (not employer) and attach agreement authorizing sharing of client information with third party.

B. Setting where experience will take place:

Name of facility (if applicable)

Street City State Zip Code

The facility is a (check one and attach copy of operating certificate):

- Professional entity registered with Education Department.
- 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
- Department of Correctional Services (DOCS) approved facility
- Public health agency or facility approved by the social services district
- Office of a licensed physician, clinical social worker, or psychologist
- Not-for-profit entity chartered in New York and authorized to provide social work services.
- Not-for-profit issued a waiver by the State Education Department
- Education Corporation issued a waiver by the State Education Department
- State Office for Aging Program.
- Other (describe): _____

Section II: Supervisor's Certification (continued)

Attestation

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. **This form must be signed and dated in the presence of a Notary Public.**

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 _____ / _____ / _____
mo. day yr.

Notary Stamp

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.