

Section II: Supervisor's Verification of Plan for Experience

Instructions For Completing Section II: Please complete Section II, be sure to sign the affidavit, have your signature notarized by a Notary Public and return the entire form directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if returned by the applicant. By completing Section II, the supervisor is certifying that the person named in Section I will receive supervision that meets the requirements specified in Education Law and the Commissioner's Regulations.

1. Name of applicant: _____
(Item 3 on page 1)

2. Name of supervisor: _____
(Supervisor must complete Form 4Q if not already approved by Department)

Title: _____
(attach copy of supervisor's license)

Setting where the applicant will provide diagnosis and psychotherapy services under your supervision:

Name of facility or private practice: _____

Address: _____

The facility is a (check one and attach copy of authorization to provide services):

- Private practice owned by supervisor (LCSW, Licensed psychologist or psychiatrist)
- Professional entity (PLLC, PLLP, P.C.) owned by supervisor (attached consent from SED)
- Sole proprietorship or other entity authorized under law (attach certificate of corporation)
- Program approved by the New York State Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), Office of Alcoholism & Substance Abuse Services (OASAS), Office of Children & Family Services (OCFS), Department of Correctional Services, State Office for the Aging, or local social service or mental hygiene district (attach operating certificate)
- Department of Health (DOH) approved hospital or nursing home (attach copy of operating certificate)
- Psychotherapy institute chartered by Board of Regents and authorized to provide psychotherapy to the public (attach copy of Regents Charter)
- Elementary, middle, high school or college authorized to provide psychotherapy services to students (attach copy of authorization)
- Not-for-profit or other entity authorized by waiver from the State Education Department to employ licensed professionals and provide services (attach certificate of incorporation)
- Other (describe): _____

Supervisor:

Education Law and Commissioner's Regulations define acceptable experience as 2,000 client contact hours in diagnosis, psychotherapy and assessment-based treatment planning. The supervisor is responsible for the assessment, evaluation and treatment of patients seen by the applicant and for delegating to the applicant those activities he/she is competent to perform. Failure to provide appropriate supervision could result in charges of unprofessional conduct against the licensed supervisor. A record of client contact hours and supervision hours will be completed and retained by the supervisor who is responsible for submitting verification of the supervised experience.

I am a (check all that apply):

- Licensed Clinical Social Worker License number: _____ License date: _____ / _____ / _____
mo. day yr.
- Licensed Psychologist License number: _____ License date: _____ / _____ / _____
mo. day yr.
- Licensed Physician License number: _____ License date: _____ / _____ / _____
mo. day yr.

Do you have Board certification in psychiatry? Yes No

Section II: Supervisor's Verification of Plan for Experience (continued)

Attestation

I hereby certify that I have read Appendix A and that I meet the requirements to supervise experience for LCSW's. I understand that the above information will be used to review the plan for supervised experience of the LMSW seeking licensure as an LCSW and that the answers given are truthful and accurate to the best of my ability. **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: _____

If the supervisor is not an employee of the same agency as the applicant, please provide information about the applicant's employer:

Name of Agency/Employer: _____
(Where supervised experience took place)

Agency Address: _____

Phone: _____ Fax: _____

E-mail: _____

The patient will be notified that the agency has authorized a third-party supervisor with access to the patient's records.

Name of Agency Representative: _____

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

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, State Board for Social Work, 89 Washington Avenue, Albany, NY 12234-1000

The Form 6 should be submitted prior to starting the practice of clinical social work to meet the experience requirements for licensure in New York or when your employment changes. You and your prospective employer/supervisor should complete the form and submit it to the State Board for review of the setting and the supervisor.

In order to meet the experience requirement for licensure, you must complete at least 2,000 client contact hours in the practice of diagnosis, psychotherapy and assessment-based treatment planning under a qualified supervisor, in a setting authorized to provide clinical social work services. The supervisor must provide at least 100 in-person hours of individual and/or group supervision. The specific requirements for supervised practice may be found in section 74.6 of the Commissioner's Regulations.

Your prospective supervisor/employer must indicate the type of setting (e.g., hospital, prison, or private practice) where you will be employed. The supervisor must attach a copy of the operating certificate issued by the appropriate government agency (e.g., Department of Health for Article 28 clinic) for the agency, or in the case of a private practice, proprietorship or professional corporation a copy of the certificate of incorporation, or a copy of the waiver issued by the Department to a qualified not-for-profit or educational corporation under section 6503-a of the Education Law, when issued

The supervisor must indicate the profession in which he or she is licensed in New York and must be registered to practice as an LCSW, licensed psychologist or psychiatrist. The supervisor should attach a copy of his/her registration certificate with Form 6. You may not hire your supervisor; the supervisor must be employed by the same agency that employs you and is responsible for supervision of your practice. If this is the case, the agency must complete the appropriate section of Form 6.

The completed Form 6 should be signed and mailed to:

**State Board for Social Work
Office of the Professions, State Education Building
89 Washington Avenue, Albany, NY 12234-1000**

The form and attachments will be reviewed and you will receive an acknowledgement, if acceptable, or we will contact you with any questions.

The approval of the Form 6 should not be taken as approval of your experience; the supervisor is responsible for submitting verification of experience on Form 4B. When you have completed at least 2,000 client contact hours of supervised experience or you leave this setting, you and the supervisor should submit Form 4B to the State Board. We will review experience after you have submitted the application for licensure (Form 1) and fee and your clinical education has been approved by the Department. When your clinical education and experience are approved, you will be eligible for the licensing examination. **You may only practice clinical social work under supervision until you are licensed as an LCSW.**