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Licensed Clinical Social Worker Licensing Application Packet

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

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FOR FUTURE REFERENCE

IN THE EVENT OF AN EMERGENCY that impacts the licensed professions, the Office of the Professions will provide **important information**, specific to the situation, through our **Web site** (www.op.nysed.gov), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).



Ways to reach us...

⇒ General Customer Service

The Office of the Professions' staff can be reached by calling 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at op4info@mail.nysed.gov.

⇒ On The World Wide Web

Information about the Office of the Professions and the 48 licensed professions, including information on all licensees, is available on our home page at:

www.op.nysed.gov

⇒ License Application Status

Find out the **status of your license application** by checking our Web site where your name is added immediately when a license number is issued, or contact:

NYS Education Department, Office of the Professions, Division of Professional Licensing Services
Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000
PHONE: 518-474-3817 ext. 592 FAX: 518-402-2323 E-MAIL: opunit5@mail.nysed.gov
Please include your name, the last 4 digits of your social security number, date of birth, and the name of the profession.

⇒ Verification of Education Credentials From Foreign or Non-Approved Programs

If you have questions about documentation required to verify education completed outside the U.S. or in non-approved programs, contact:

New York State Education Department, Office of the Professions, **Bureau of Comparative Education**
89 Washington Avenue, Albany, New York 12234-1000
PHONE: 518-474-3817 ext. 300 FAX 518-486-2966 E-MAIL comped@mail.nysed.gov

⇒ Practice Issues

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions, **State Board for Social Work**
89 Washington Avenue, Albany, NY 12234-1000
PHONE: 518-474-3817 ext. 450 FAX: 518-486-2981 E-MAIL: swbd@mail.nysed.gov

Other Important Contact Information...

Licensing Examination

Licensing Examinations for Social Work are prepared by the Association of Social Work Boards (ASWB). You may contact them at:

Association of Social Work Boards (ASWB)
P.O. Box 1508
Culpeper, VA 22701
PHONE: 888-579-3926 FAX: 540-829-0142 E-MAIL: info@aswb.org
WEB: www.aswb.org

GENERAL LICENSING INFORMATION

Please read this general licensing information for all professions before proceeding to the detailed instructions for your profession.

INTRODUCTION

A professional license is the authorization to practice and use a professional title in New York State. Your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. This application packet contains the forms and instructions you need to apply for a license.

LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at www.op.nysed.gov or by calling our telephone verification service at 518-474-3817. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send renewal information to the name and address we have on file for you (see the Address or Name Changes section on next page), at least four months before your registration expires.

VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement **directly** from the organization where you met the requirement (e.g., school, testing agency, licensing authority, certifying board, hospital, employer, etc.). These records and documents must bear an original (**not photocopied**) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. **You are responsible for asking organizations and individuals to complete and directly submit to us the documentation you need.** Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

NOTE: Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.

ADDRESS OR NAME CHANGES

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, the last 4 digits of your social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

For address changes you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 592
TDD/TTY 518-473-1426

Fax: 518-402-2323

E-mail: opunit5@mail.nysed.gov

For name changes a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions
Division of Professional Licensing Services
Social Work Unit
89 Washington Avenue
Albany, NY 12234-1000

NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license. You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at www.op.nysed.gov/documents/anchange.pdf to notify the Department of a change in your address or name.

PROFESSIONAL CONDUCT

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession.

Title 8 of the NYS Education Law is available on our Web site at www.op.nysed.gov/title8/.

Part 29 of the Rules of the Board of Regents is available on our Web site at www.op.nysed.gov/title8/part29.htm.

RECORDS RETENTION AND DISPOSITION STATEMENT

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

DISCLOSURE OF SOCIAL SECURITY NUMBERS

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

APPLYING FOR A LICENSE AS A LICENSED CLINICAL SOCIAL WORKER

GENERAL REQUIREMENTS

The practice of licensed clinical social work and the use of the title "Licensed Clinical Social Worker" and the designation of "LCSW" or derivatives thereof in New York State requires licensure as a licensed clinical social worker, unless otherwise exempt under the law.

To be licensed as a licensed clinical social worker (LCSW) in New York State you must:

- be of good moral character;
- be at least 21 years of age;
- have an education that includes a masters degree in social work (M.S.W.) with at least 12 semester hours of clinical coursework acceptable to the Department;
- have at least 3 years of post M.S.W. supervised experience in diagnosis, psychotherapy and assessment-based treatment planning acceptable to the Department;
- meet clinical examination requirements; and
- complete coursework or training in the identification and reporting of child abuse offered by a New York State approved provider.

Note: In most cases you must be licensed and currently registered to practice as a Licensed Master Social Worker (LMSW) in New York to complete the supervised experience for licensure as an LCSW. Effective September 1, 2004, the practice of licensed clinical social work is restricted to those licensed or authorized under New York law.

You must file an Application for Licensure (Form 1) and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. It is your responsibility to follow up with anyone you have asked to send us material.

The specific requirements for licensure are contained in Title 8, Article 154, Section 7704 of New York State Education Law and Part 74 and Section 52.30 of the Regulations of the Commissioner of Education. The Law and Regulations are available on our Web site at www.op.nysed.gov/prof/sw/.

FEES (fees listed are those in effect at the time this application was printed)

The fee for licensure and first registration is \$294.

The fee for a limited permit is \$70.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department.
Your cancelled check is your receipt.
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the application you are submitting.**

PLEASE NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Social Work Unit by e-mailing opunit5@mail.nysed.gov or by calling 518-474-3817 ext. 592 or by faxing 518-402-2323.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure fee and meet the licensure requirements in place at the time you reapply.

EDUCATION REQUIREMENTS

To meet the professional education requirement for licensure as an LCSW, you must present satisfactory evidence of having received a masters degree in social work, or its equivalent, through completion of a satisfactory graduate program in social work which includes two years of full-time study (at least 60 semester hours, or the equivalent). No more than half of the total hours for the program may be advanced standing credit granted for social work study at the baccalaureate level. The graduate program must include curricular content in the following areas:

- social work values and ethics;
- diversity, social justice, and at-risk populations;
- human behavior in the social environment;
- social welfare policy and service delivery systems;
- foundation and advanced social work practice;
- social work practice evaluation and research;
- a field practicum of at least 900 clock hours in social work integrated with the prescribed curricular content; and
- clinical coursework of at least 12 semester hours that prepares the individual to practice as an LCSW. The courses must include content that emphasizes the person-in-environment perspective and knowledge and skills in the following areas:
 - diagnosis and assessment in clinical social work practice;
 - clinical social work treatment; and
 - clinical social work practice with general and special populations.

The clinical coursework must be offered by an acceptable two-year graduate social work program, such as one registered by the Department as licensure-qualifying for the LCSW. Coursework may be completed either as part of the M.S.W. degree program or after completion of the program to remedy deficiencies in clinical content. Continuing education is not acceptable for the graduate social work education.

In addition to the professional education requirement, every applicant for LCSW licensure or a limited permit must complete coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law. You must submit a certificate of completion from an approved provider or file a certification of exemption before a New York State license or permit can be issued. Additional information and a list of approved providers is available on our Web site at www.op.nysed.gov/training/camemo.htm or by calling 518-474-3817 ext. 570. You may be eligible for exemption from the training if you can document, to the satisfaction of the Department, that your practice does not involve professional contact with persons under the age of 18 and that you do not have contact with persons 18 or older with a handicapping condition who reside in a residential care school or facility. An exemption form (Form 1CE) is included in this application packet.

EXAMINATION REQUIREMENTS

Licensure as an LCSW requires successful completion of the "Clinical" examination administered by the Association of Social Work Boards (ASWB) or an examination determined by the Department to be comparable in content.

To qualify to take the ASWB examination:

1. Submit an Application for Licensure (Form 1) and fee (\$294) to the New York State Education Department.
2. Request your school to verify your education directly to the New York State Education Department on Form 2.
3. Request your supervisor to submit verification of your supervised experience in diagnosis and psychotherapy on Form 4B to the State Education Department. Applicants for licensure after November 15, 2007 must have the supervised experience approved in order to be admitted to the licensing examination.
4. The New York State Education Department must approve your education, experience and all application materials. [We will notify you and ASWB when you have satisfied the examination eligibility requirements.]
5. You must register directly with the ASWB to take the Clinical examination. Information and the Candidate Handbook for the examination are available on the Web at www.aswb.org or through ASWB (see page ii for contact information).

Reasonable Accommodations for Testing

If you have a disability and may require reasonable testing accommodations for the examination, you must complete ASWB's Disability Accommodation Form and submit it with supporting documentation directly to ASWB (see page ii for contact information). If your application for a reasonable accommodation is denied, or you have any complaints about your accommodations, please contact the New York State Board for Social Work (see page ii for contact information).

Note: New York State will not accept an examination given under non-standard conditions such as the use of a dictionary or extra time for applicants whose primary language is other than English. A candidate may be required to retake the examination under standard conditions.

EXPERIENCE REQUIREMENTS

To meet the experience requirement for licensure as an LCSW, you must have completed 2000 client contact hours over a continuous period of at least 36 months (three years) and not to exceed 6 calendar years of supervised experience in diagnosis, psychotherapy and assessment-based treatment planning, as defined in Section 7704 of the Education Law after receipt of the Master of Social Work Degree.

While an applicant for licensure as an LCSW may provide a range of services that are defined in the Education Law, the only acceptable experience is in diagnosis, psychotherapy and assessment-based treatment planning. The applicant may submit a Plan for Supervised Experience (Form 6) to the State Board for approval prior to starting the supervised experience for licensure.

Experience obtained in New York must be obtained as a licensed master social worker (LMSW) or limited permit holder, except the Department may, in limited circumstances, accept other experience where an applicant demonstrates that such experience was obtained in an authorized setting under the supervision of a qualified supervisor.

Experience obtained in another jurisdiction must be obtained after the applicant completes the master's degree program in social work required for licensure in licensed clinical social work, as prescribed in Section 74.1 (c) of the Commissioner's Regulations, and such experience must be obtained in a setting authorized in such jurisdiction to provide such services and be under the supervision of a qualified supervisor acceptable to the Department.

All experience that is completed in New York State must be in a setting that is legally authorized to provide psychotherapy and clinical social work services.

An acceptable setting is:

- A professional corporation, professional limited liability partnership or professional limited liability corporation that is authorized to provide services that include psychotherapy;
- A professional service corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of licensed clinical social work;
- A sole proprietorship owned by a licensee who provides services that are within the scope of his or her profession and services that are within the scope of licensed clinical social work;
- A professional partnership owned by licensees who provide services that are within the scope of practice of licensed clinical social work;
- A hospital or clinic authorized under Article 28 of the Public Health Law to provide services that are within the scope of practice of licensed clinical social work;
- A program or facility authorized under federal law to provide services that are within the scope of practice of licensed clinical social work;
- A public elementary, middle or high school authorized by the Education Department to provide school social work services as defined in Part 80-2.3 of the Commissioner's Regulations, including clinical social work;
- An entity defined as exempt from the licensing requirements under New York Law* or otherwise authorized under New York Law of the laws of the jurisdiction in which the entity is located to provide services, including psychotherapy.

In New York State, a general business corporation or not-for-profit corporation may not provide professional services or employ licensed professionals unless authorized under law. The certificate of incorporation should clarify the purpose of the entity and whether licensed professionals may be employed to provide services that are restricted under Title VIII of the Education Law.

It is your responsibility to practice **only** under a qualified supervisor and in an authorized setting. You should review the supervisor qualifications and acceptable experience with an employer before you accept a position practicing clinical social work.

*Note: Section 9 of chapter 420 of the laws of 2002, as amended provides: "Nothing in this act shall prohibit or subsequently limit the activities or services on the part of any person in the employ of a program or service operated, regulated, funded, or approved by the department of mental hygiene, the office of children and family services, department of correctional services, state office for the aging, or the department of health, or a local governmental unit as that term is defined in article 41 of the mental hygiene law or a social services district as defined under section 61 of the social services law, provided, however, this section shall not authorize the use of any title authorized pursuant to article 154 of the education law, except as otherwise provided by such articles, except that this section shall be deemed repealed on July 1, 2013."

Supervision

A LMSW or other qualified individual seeking to meet the experience requirements for licensure as a Licensed Clinical Social Worker must be under the supervision of a qualified supervisor, as defined in the Education Law and regulations. Supervision of the clinical social work services provided by an LMSW or qualified individual seeking licensure must meet the following conditions:

Supervision of the clinical social work services provided by the applicant shall consist of contact between the applicant and supervisor during which:

- the applicant apprises the supervisor of the diagnosis and treatment of each client;
- the applicant's cases are discussed;
- the supervisor provides the applicant with oversight and guidance in diagnosing and treating clients;
- the supervisor regularly reviews and evaluates the professional work of the applicant; and
- the supervisor provides at least 100 hours of in-person individual or group clinical supervision, distributed appropriately over the period of the supervised experience.

The supervisor is responsible for maintaining records of the supervised experience, including client contact hours and supervision hours, and then submitting verification of the applicant's experience to the Department on Form 4B.

An applicant who provides an average of 14 client contact hours per week could complete 2,000 hours in three years of full-time practice. The law requires three years of experience and this may not be reduced, even if the applicant provides more than 2,000 client contact hours over this period. The experience must be completed within a continuous six-year period in order to meet the requirements in the Education Law.

All client contact hours in diagnosis, psychotherapy and assessment-based treatment planning may be counted toward licensure, if appropriately supervised. The supervisor in each setting should record the client contact hours and supervision hours and submit verification on Form 4B.

Informed Consent:

It is the responsibility of the supervisor/employer to ensure that patients are informed the licensed master social worker (LMSW) is only authorized to practice clinical social work under supervision. The client should understand that the supervisor is responsible for the diagnosis and practice of the LMSW. The LMSW shares with a qualified supervisor information about the diagnosis and treatment of each client and the supervisor is professionally responsible for the services provided by the LMSW. The client should be provided with the supervisor's contact information so the client can share any concerns or questions about the LMSW's practice with the supervisor.

Requirements for Supervisors:

Prior to supervising the applicant, the supervisor must meet the requirements in Education Law, or the equivalent as determined by the Department.

Supervision of applicants for the LCSW must be provided by a(n):

- LCSW licensed in New York State or, for supervision completed in another jurisdiction, the equivalent qualifications as determined by the Department; or
- Psychologist who, at the time of supervision of the applicant, was licensed as a psychologist in the state where supervision occurred, was qualified in psychotherapy as determined by the Department based upon the Department's review of the psychologist's education and training, including but not limited to education and training in psychotherapy obtained through completion of a program in psychotherapy registered pursuant to Part 52 of the Regulations of the Commissioner of Education or a program in psychology accredited by the American Psychological Association; or
- Physician who, at the time of supervision of the applicant, was a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Inc. or had the equivalent training and experience as determined by the Department.

A supervisor may not have a familial relationship with the applicant, as such dual relationships may constitute a charge of unprofessional conduct under the Education Law and Regents Rules.

Supervisor Approval:

A supervisor who is not licensed and registered in New York State or who has not previously been approved by the State Education Department to supervise the provision of psychotherapy services by an LMSW must submit an Approval of Qualifications to Supervise Psychotherapy (Form 4Q) with the verification of the applicant's experience to allow the Department to determine whether the supervisor is qualified in diagnosis, psychotherapy and assessment-based treatment planning.

Supervisor Responsibility:

The supervisor is legally and professionally responsible for the diagnosis and treatment of each client and must have access to all relevant information. It is the responsibility of the employer to provide appropriate supervision as an LMSW may only practice clinical social work under supervision. Any arrangements for

third-party supervision must include a written agreement between the employer, third-party supervisor and the LMSW to specify the supervisor's access to clients and client records to ensure appropriate supervision of the LMSW. The supervisor must be employed by the employer, not the LMSW. The client must be informed of how confidential information is handled in the case of third-party supervision and how to raise questions with the employer and/or third-party supervisor.

Note: If, at the time of the application, a supervisor is deceased, the experience may be attested to by a licensed colleague who meets the definition of a qualified supervisor. The licensed colleague must provide the qualifications of the supervisor and attest to direct knowledge of the supervised experience. Filing a false statement may result in a charge of unprofessional conduct against the applicant and licensed colleague.

Supervision Plan:

The applicant for licensure as a licensed clinical social worker may submit to the State Board for Social Work a plan for supervised experience for review and approval. The plan shall be documented on Form 6 and include:

1. a copy of documentation establishing that the agency or setting is an acceptable setting as defined in Part 74.6(a) of the Commissioner's Regulations;
2. a copy of the license of the qualified supervisor, who must be licensed and registered to practice in New York as an LCSW, a licensed psychologist, or a psychiatrist;
3. a plan for supervision of the qualified individual accompanied by an attestation from the supervisor(s) that he/she is responsible for any services provided by the individual;
4. if a third-party is supervising the qualified individual, an affirmation from a designated representative of the setting that the setting is authorized to provide clinical social work services and that the setting will ensure appropriate supervision of the qualified individual when the individual is performing such services.

While the plan may be approved, the applicant's supervised experience must be documented by the supervisor named in the plan on Form 4B. An applicant who does not file a plan for practice under a qualified supervisor in an acceptable setting must be individually evaluated and clarification may be required, delaying the review of the supervised experience.

Definition of Terms

Licensed Clinical Social Worker: The practice of licensed 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 to 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.

Diagnosis: Diagnosis in the context of licensed clinical social work practice is the process of distinguishing, beyond general social work assessment, between similar mental, emotional, behavioral, developmental and addictive disorders, impairments and disabilities within a psychosocial framework on the basis of their similar and unique characteristics consistent with accepted classification systems.

Psychotherapy: Psychotherapy in the context of licensed clinical social work practice is the use of verbal methods in interpersonal relationships with the intent of assisting a person or persons to modify attitudes and behavior which are intellectually, socially, or emotionally maladaptive.

Assessment-based treatment plans: Development of assessment-based treatment plans in the context of licensed clinical social work practice refers to the development of an integrated plan of prioritized

interventions, that is based on the diagnosis and psychosocial assessment of the client, to address mental, emotional, behavioral, developmental and addictive disorders, impairments and disabilities, reactions to illnesses, injuries, disabilities and impairments, and social problems.

APPLICANTS LICENSED IN ANOTHER JURISDICTION

Endorsement, often referred to as reciprocity, is available to an applicant for LCSW who was licensed as a clinical social worker in another jurisdiction and has at least 10 years of practice in the 15 years prior to application. The initial license must have been issued on the basis of meeting requirements similar to those in New York State, including:

- MSW degree with clinical content;
- Post-MSW supervised experience in diagnosis, psychotherapy and assessment-based treatment planning, and;
- ASWB clinical social work examination.

An application for endorsement of a clinical social work license must include:

- an Application for Licensure (Form 1) and the \$294 fee for licensure and first registration;
- verification for the initial basis of licensure and verification of good standing in each jurisdiction in which you are licensed to practice a profession (Form 3);
- a list of supervisors who will verify at least 10 years of practice in clinical social work in the 15 years prior to application for licensure by endorsement (Form 4E);
- verification of clinical examination score from ASWB;
- verification of your licensed practice of at least 10 years by licensed colleague(s) (Form 4F); and
- be of good moral character, as determined by the Department.

An individual who does not meet the requirements for endorsement of a clinical social work license must apply for LCSW using the standard methods and meet all requirements for initial licensure in New York State.

Full documentation of compliance with all New York State licensure requirements, including professional education, moral character, and experience, must be submitted directly to the Department by the appropriate entity, not by the applicant.

An individual licensed in another jurisdiction may not practice in New York without being licensed. If the applicant does not meet the requirement for licensure as an LCSW, you must apply for licensure as a Licensed Master Social Worker (LMSW) in order to practice under supervision in New York while meeting the requirements for licensure as an LCSW.

LIMITED PERMIT

A limited permit allows an individual who has met all requirements for licensure as an LCSW **except the licensing examination** to practice as an LCSW provided that the individual is under the general supervision of an LCSW. To be eligible for a limited permit, you must:

- submit an Application for Licensure (Form 1) and the \$294 fee for licensure and first registration;
- have your school verify completion of the M.S.W. degree (Form 2);
- have your supervisor verify at least three years of full-time experience in diagnosis, psychotherapy and assessment-based treatment planning (Forms 4 and 4B);
- submit proof of completion of coursework or training in the identification and reporting of child abuse offered by a New York State approved provider; and
- be at least 21 years of age and be of good moral character as determined by the Department.

You may apply for a limited permit (Form 5) at the same time as or any time after you submit your Application for Licensure (Form 1). The fee for a limited permit is \$70.

The limited permit is issued for a specific employment setting and the permit holder must be under the supervision of an LCSW. If you are a new applicant for licensure in New York State, a private practice that you own or operate would not be an acceptable setting for a limited permit holder.

The limited permit supervisor is responsible for services provided by the permit holder. A licensee may not supervise more than 5 permit holders.

Limited permits are valid for a period of one year and are not renewable. **A limited permit cannot be issued until the Department has determined that you have satisfied all requirements for licensure except the licensing examination.**

Limited permits are not issued to applicants for employment in public schools. Such applicants should apply for a provisional school social worker credential through the Office of Teaching Initiatives. See more information on teaching certificates at www.highered.nysed.gov/tcert/certificate/index.html.

COMPLETING THE APPLICATION FORMS

for licensure as a Licensed Clinical Social Worker

INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms.

FORM 1 - APPLICATION FOR LICENSURE

All applicants for licensure must complete this form and submit it with the \$294 licensure and first registration fee directly to the Office of the Professions at the address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.**

You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Your signature on Form 1 must be notarized by a Notary Public.**

FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

This form must be submitted directly by the educational institution(s) you attended. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to your school. Be sure to sign and date item 9.

Section II: The Registrar must complete this section and return both pages of the form in an official school envelope with requested documents directly to the Office of the Professions at the address at the end of the form.

If you attended a social work program not registered as licensure-qualifying by the New York State Education Department, you must also ask your school to submit an official transcript or marksheets.

Please photocopy this form as needed.

FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

Complete this form if you hold, or ever held, a license or certificate to practice any profession* in any jurisdiction.

This form must be submitted directly by the licensing/certifying authority. The Office of the Professions will not accept this form if submitted by the applicant.

Completion of this form does not substitute for the submission of other required documents by the verifying entity, including Form 4B to verify supervised experience, Form 4Q to document the supervisor's qualifications and examination scores from ASWB.

Section I: Complete this section before sending the entire form to the licensing/certifying authority of each jurisdiction in which you are or have been licensed/certified. Be sure to sign and date item 8.

Section II: The licensing/certifying authority must complete this section, sign, date and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

Note: A Form 3 is not required for licenses/certificates issued by the New York State Education Department.

*Profession is defined as professional titles licensed under New York State Education Law. (See page 2 of the Address/Name Change Form at the end of this packet for a list of those titles.)

APPENDIX A - REQUIREMENTS FOR SUPERVISED EXPERIENCE

Send this document to the licensed professional(s) who supervised your experience or will supervise your practice under a limited permit along with the form you are asking them to complete.

FORM 4 - APPLICANT EXPERIENCE RECORD

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 10.

You must also complete a separate Form 4B for each supervised experience you list on the Applicant Experience Record (Form 4).

FORM 4B - CERTIFICATION OF EXPERIENCE FOR LICENSED CLINICAL SOCIAL WORKER

This form must be submitted directly by the supervisor. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section and send the entire form and a copy of Appendix A to your supervisor. If your supervisor is deceased, a licensed professional colleague may submit this form to verify your supervised experience. Be sure to sign and date item 7.

Section II: The supervisor must complete this section, sign and date the form and return the entire form directly to the Office of the Professions at the mailing address at the end of the form. If the supervisor is deceased the Form 4B may be completed by a licensed colleague who must provide the qualifications of the supervisor, the dates and frequency of the supervision, and attest to the accuracy of the information and the applicant's supervised experience.

The psychotherapy log should be completed weekly to record client contact hours and supervision hours. The completed log should be retained by the qualified supervisor who is responsible for the client contact hours and supervision of the applicant. The State Board for Social Work may request the supervisor to submit the completed log to clarify supervised experience.

Please photocopy this form as needed but all forms submitted must bear original signatures and be notarized by a Notary Public.

FORM 4E - 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.

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.

You must also complete a separate Form 4F for each colleague you list on the Endorsement Applicant Experience Record (Form 4E).

FORM 4F - CERTIFICATION OF LICENSED EXPERIENCE

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.

This form must be submitted by the licensed colleague who is attesting to your experience as a licensed clinical social worker in another jurisdiction. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section and send the entire form to the licensed colleague who will attest to your experience as a licensed clinical social worker in another jurisdiction. Be sure to sign and date item 6.

Section II: The licensed colleague who will attest to your licensed experience must complete this section and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

A separate Form 4F must be submitted for each licensed colleague listed on the Endorsement Applicant Experience Record (Form 4E)

FORM 4Q - APPROVAL OF QUALIFICATIONS TO SUPERVISE PSYCHOTHERAPY

This form must be submitted directly by the supervisor. The Office of the Professions will not accept this form if submitted by the applicant.

This form must be submitted if your supervisor is not an LCSW or has not already been approved by the State Education Department to supervise the provision of psychotherapy services by an LMSW.

Section I: Complete this section before giving the entire form and a copy of Appendix A to your supervisor.

Section II: Your supervisor must complete this section and return both pages of this form directly to the Office of the Professions at the address at the end of the form.

Please photocopy this form as needed but all forms submitted must bear original signatures and be notarized by a Notary Public.

Note: The supervisor may submit the Form 4Q prior to supervising your experience. Approval of the supervisor does not guarantee approval of the applicant's experience which must be completed in accordance with the requirements in the Commissioner's Regulations.

FORM 5 - APPLICATION FOR LIMITED PERMIT

Section I: Complete this section before giving the entire form and a copy of Appendix A to your prospective employer. Be sure to sign and date item 9.

Section II: Your prospective supervisor must complete this section.

Return the completed form with the \$70 fee to the Office of the Professions at the mailing address at the end of the form.

FORM 6 - PLAN FOR SUPERVISED EXPERIENCE

This form must be submitted by the supervisor. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section and send the entire form and a copy of Appendix A to your proposed supervisor. Be sure to sign and date item 7.

Section II: The proposed supervisor must complete this section and return the entire form to the Office of the Professions at the address at the end of the form.

Completing Additional Forms

FORM 1CE - CHILD ABUSE CERTIFICATION OF EXEMPTION FORM

This form is not for all applicants. Use this form only if you are applying for an exemption to the requirement to complete training or coursework in the identification and reporting of child abuse because your practice does not involve professional contact with persons under the age of 18 and persons 18 or older with a handicapping condition who reside in a residential care school or facility.

FORM AD/NAME - ADDRESS/NAME CHANGE FORM

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.

LICENSED CLINICAL SOCIAL WORKER

APPLICANT CHECKLIST

Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. **You should keep a copy of all application forms submitted.**

CHECK (✓) AND DATE EACH STEP WHEN COMPLETED.

_____ 1. Have you completed and sent the following to the Office of the Professions?
(Please be sure to include adequate postage to ensure timely delivery)

- _____ A. FORM 1 - APPLICATION FOR LICENSURE
- _____ B. FEE (\$294) - FOR LICENSURE AND FIRST REGISTRATION
- _____ C. FORM 5 - APPLICATION FOR LIMITED PERMIT (If applicable) and (\$70) fee
- _____ D. FORM 4 - APPLICANT EXPERIENCE RECORD (If applicable)
- _____ E. FORM 4E - ENDORSEMENT APPLICANT EXPERIENCE RECORD (If applicable)

_____ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or agencies?
Keep copies of the requests so that you may check with them to be sure they have submitted the information.

_____ A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

Sent to the following educational institutions:	Date sent
_____	_____
_____	_____

_____ B. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION -
All applicants licensed in another jurisdiction must complete and forward this form to the appropriate licensing authority for submission to the Department.

Sent to the following licensing/certifying authorities:	Date sent
_____	_____
_____	_____

_____ C. FORM 4B - CERTIFICATION OF EXPERIENCE FOR LICENSED CLINICAL SOCIAL WORKER

Sent to the following supervisor(s) or licensed professional colleague(s):	Date sent
_____	_____

_____ D. FORM 4F - CERTIFICATION OF LICENSED EXPERIENCE

Sent to:	Date sent
_____	_____
_____	_____

_____ E. FORM 4Q - APPROVAL OF QUALIFICATIONS TO SUPERVISE PSYCHOTHERAPY

Sent to:	Date sent
_____	_____
_____	_____

_____ F. FORM 6 - PLAN FOR SUPERVISED EXPERIENCE

Sent to:

Date sent

TO SPEED PROCESSING OF YOUR APPLICATION:

- **Submit your application for licensure in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.**
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.

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Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

Name of High School/Secondary School or GED Diploma issuer: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____ or Date GED issued: _____ / _____ / _____
 mo. day yr. mo. day yr.

Postsecondary/Preprofessional Education

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____ / _____
 mo. day yr.

Professional Education

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____ / _____
 mo. day yr.

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____ / _____
 mo. day yr.

18

Do you now hold, or have you ever held, a license or certificate to practice any profession* in any jurisdiction? Yes No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

*Profession is defined as professional titles licensed under New York State Education Law.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

19 Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A. I am not under an obligation to pay child support

OR

B. I am under an obligation to pay child support and (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

* New York State General Obligations Law, section 3-503.

20 Child Abuse Recognition And Reporting Course (check one):

- I graduated from a NYS registered LCSW program after September 1, 2004 and completed the coursework during my studies.
- I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider.
- I completed the child abuse coursework online and the approved provider will report that to you electronically
- I am filing for an exemption to the requirement and have enclosed a Certification of Exemption (Form 1CE).

21 Citizenship/Immigration Status:

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.)
Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
- I. I do not reside in the United States.

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

22 Gender and Ethnicity: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender: Male

Female

Ethnicity: White (not Hispanic)

Black (not Hispanic)

Asian

Hispanic

Native American

23 Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes

No

Please initial: _____

24 Affidavit With Acknowledgment (Notarization required.)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, 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 or loss of licensure and may result in criminal prosecution.

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, 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

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.

Section II: Certification of Professional Education

Instructions to Registrar:

1. Complete Part A or Part B to document the applicant's education.
2. Complete Part C (Certification) 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.

Name of Applicant: _____
(Section I, item 5)

Part A - Completion of Education Requirement:

The applicant completed a master of social work program that was, at the time the degree requirements were met, registered as licensure-qualifying by the New York State Education Department for the Licensed Clinical Social Worker.

It is certified that the applicant:

completed the program on _____ / _____ / _____ State Education Department Program Code: _____
mo. day yr.

and was awarded the degree/diploma of: _____ on _____ / _____ / _____
(Title of degree/diploma) mo. day yr.

OR

on _____ / _____ / _____ the institution determined that the applicant has met all requirements for the degree/diploma and the
mo. day yr.

institution has agreed to award the degree/diploma of _____
(Title of degree/diploma)

Part B - PLEASE COMPLETE THIS PART FOR PROGRAMS NOT REGISTERED AS LICENSURE-QUALIFYING BY THE NEW YORK STATE EDUCATION DEPARTMENT FOR THE LICENSED CLINICAL SOCIAL WORKER AT THE TIME THE APPLICANT COMPLETED THE PROGRAM. An official transcript or marksheet giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:

Entrance date: _____ / _____ / _____
mo. day yr.

Completion date: _____ / _____ / _____
mo. day yr.

Withdrawal date: _____ / _____ / _____
mo. day yr.

Did the applicant complete a field practicum of at least 900 clock hours? (check one) **Yes** **No**

If "no", number of clock hours completed: _____

2. Degree/diploma conferred: _____

3. Date degree/diploma conferred: _____ / _____ / _____
mo. day yr.

Name of accrediting body or official organization that recognizes this program: _____

Address of accrediting body or organization that recognizes this program: _____

Section II: Certification of Professional Education (continued)

Part B (continued) - LIST THE COURSES THAT WERE COMPLETED IN THE M.S.W. PROGRAM THAT MEET THE REQUIREMENT FOR AT LEAST 12 SEMESTER HOURS, OR THE EQUIVALENT, OF CLINICAL COURSEWORK THAT PREPARES THE APPLICANT TO PRACTICE AS A LICENSED CLINICAL SOCIAL WORKER. *The courses listed must be included on the official transcript provided by the graduate social work program.*

Required Content Area	Course Number, Title and Semester Hours
Diagnosis and assessment in clinical social work process	
Clinical social work treatment	
Clinical social work practice with general and special populations	

Part C - Certification: This form will not be accepted if the date below precedes the date in either Part A or Part B.

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar _____ Date _____ / _____ / _____
mo. day yr.

Type or print name _____

Title or official position _____

Institution _____

Address _____

(SEAL)

Telephone _____

Fax _____

E-mail _____

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.

Section II: Verification of Other Professional Licensure/Certification: (Please print or type)

Instructions to the Licensing/Certifying Authority: Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1 Name of applicant: _____
(Section I, item 6)

2 Professional title on license/certificate: _____
License/certificate number: _____ Date of licensure/certification: _____ / _____ / _____
mo. day yr.

3 Verification of licensure/certification - Complete if applicant was licensed/certified as a social worker in your jurisdiction.
What requirements did the applicant meet to become licensed/certified as a social worker in your jurisdiction?
Education: Diploma/degree: _____
Examination: Oral Examination Title: _____ Date: _____ / _____ / _____ Score: _____
mo. day yr.
Written Examination Title: _____ Date: _____ / _____ / _____ Score: _____
mo. day yr.
Experience: None _____ year(s) Describe _____
 Endorsement of license from or reciprocity with _____
(name of jurisdiction)
 Grandparented

4 A. Has the applicant identified in Section I been subject to any disciplinary action? Yes No
B. Are any charges pending against this individual? Yes No
If the answer to either of these questions is "yes," please attach a complete explanation with any supporting documentation.

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named above. I further certify that, except as noted in item 4 above or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

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

Print name: _____

Title: _____

Licensing/certifying authority: _____

(SEAL)

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

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.

Appendix A

Requirements for Supervised Experience for Licensure as an LCSW

You must document the completion of three years of full-time supervised clinical social work experience in diagnosis, psychotherapy, and assessment-based treatment plans, or the part-time equivalent, or combination of full-time and part-time supervised clinical social work in no more than six consecutive years after receipt of the M.S.W. degree.

Full-time experience shall consist of not less than 2000 client contact hours over the course of three years but not to exceed six calendar years. All experience must be obtained in a setting acceptable to the Department after completion of the professional education required for licensure.

Qualified Supervisor

The experience must be supervised by an individual who is licensed and registered to practice as a(n):

- LCSW in New York State or the equivalent as determined by the Department; or
- Psychologist who, at the time of supervision of the applicant, was licensed as a psychologist in the state where supervision occurred, was qualified in psychotherapy as determined by the Department based upon the Department's review of the psychologist's education and training, including but not limited to education and training in psychotherapy obtained through completion of a program in psychotherapy registered pursuant to Part 52 of the Regulations of the Commissioner of Education or a program in psychology accredited by the American Psychological Association; or
- Physician who, at the time of supervision of the applicant, was a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Inc. or had the equivalent training and experience as determined by the Department.

A supervisor who is not licensed in New York State must submit an Approval of Qualifications to Supervise Psychotherapy (Form 4Q) to allow the Department to determine whether the supervisor is qualified in diagnosis, psychotherapy and assessment-based treatment planning.

A supervisor may not have a familial relationship with the applicant, as such dual relationships may constitute a charge of unprofessional conduct under the Education Law and Regents Rules.

Supervision Sessions

The supervision must consist of at least 100 hours of in-person individual or group clinical supervision distributed over the period of the supervised experience. During each supervision session:

- your supervisor must provide the diagnosis and appropriate treatment for each client;
- your cases must be discussed with your supervisor; and
- your supervisor must provide you with oversight and guidance in diagnosis and treating clients.

The supervisor is legally and professionally responsible for the diagnosis and treatment of each client and must have access to all relevant information. It is the responsibility of your employer to provide appropriate supervision as an LMSW may only practice clinical social work under supervision. Any arrangements for third-party supervision must include a written agreement between the employer, third-party supervisor and the LMSW to specify the supervisor's access to clients and client records to ensure appropriate supervision of the LMSW. The client must be informed of how confidential information is handled in the case of third-party supervision and how to raise questions with the employer and/or third-party supervisor.

Setting for the Experience

All experience that is completed in New York State must be in a setting that is legally authorized to provide psychotherapy and clinical social work services.

An acceptable setting is:

- A professional corporation, professional limited liability partnership or professional limited liability corporation that is authorized to provide services that include psychotherapy;
- A professional service corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of licensed clinical social work;
- A sole proprietorship owned by a licensee who provides services that are within the scope of his or her profession and services that are within the scope of licensed clinical social work;
- A hospital or clinic authorized under Article 28 of the Public Health Law and authorized to provide health services, including psychotherapy;
- A program or facility authorized under the Mental Hygiene law to provide appropriate health services, including psychotherapy;
- A program or facility authorized under federal law, such as the Veterans' Administration, to provide health services including psychotherapy;
- A public elementary, middle or high school authorized by the Education Department to provide school social work services as defined in Part 80-2.3 of the Commissioner's Regulations, including clinical social work;
- An entity defined as exempt from the licensing requirements under New York Law* or otherwise authorized under New York Law of the laws of the jurisdiction in which the entity is located to provide services, including psychotherapy.

In New York State, a general business corporation or not-for-profit corporation may not provide professional services or employ licensed professionals unless authorized under law. The certificate of incorporation should clarify the purpose of the entity and whether licensed professionals may be employed to provide services that are restricted under Title VIII of the Education Law.

It is your responsibility to practice **only** under a qualified supervisor and in an authorized setting. You should review the supervisor qualifications and acceptable experience with an employer before you accept a position practicing clinical social work.

*Note: Section 9 of chapter 420 of the laws of 2002, as subsequently amended provides: "Nothing in this act shall prohibit or limit the activities or services on the part of any person in the employ of a program or service operated, regulated, funded, or approved by the department of mental hygiene, office of children and family services, department of correctional services, state office for the aging, department of health, or a local governmental unit as that term is defined in article 41 of the mental hygiene law or a social services district as defined under section 61 of the social services law, provided, however, this section shall not authorize the use of any title authorized pursuant to article 154 of the education law, except as otherwise provided by such articles, except that this section shall be deemed repealed on July 1, 2013."

9 List the supervisor(s) who will verify your experience for licensure as an LCSW. The supervisor(s) must be an LCSW, licensed psychologist, or psychiatrist.

The supervisor(s) listed must have supervised your post-M.S.W. experience in diagnosis, psychotherapy and assessment-based treatment plans for 36 months of full-time or the part-time equivalent in no more than 72 months.

If a supervisor is deceased, you should list a licensed colleague who will attest to your supervised experience and to the qualifications of the deceased supervisor.

Assigned Number	Name of Supervisor and Address of Experience Setting	Dates of Experience	
		From	To
1			
2			
3			
4			

10 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.

Section II: Supervisor's Verification of Experience (Continued)

Attestation of Supervisor or Licensed Colleague

NOTE: If you are a licensed colleague attesting to the supervision provided by a qualified supervisor who is not available, and the experience has been completed, you must provide in section II, item 2 of this form:

- the name and qualifications of the supervisor;
- the client contact hours in psychotherapy provided during the supervised experience;
- the dates of supervision provided to the applicant; and
- the frequency and type of supervision sessions.

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the professional experience of the individual named in Section I of this form and that I have read Appendix A and that the experience meets the requirements for licensure as an LCSW in New York State.

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

Print name: _____

Note: If supervisor was not employed by the agency, please provide a copy of the signed agreement between the employer, supervisor and applicant indicating that third-party supervision was authorized and patients were informed as to the sharing of confidential information.

Agency: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Licensed as: _____

Licensed in the State of: _____

License number: _____

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, 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 _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

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

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. **Your signature on this form must be notarized by 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.

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 undersigned, 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.

Approval of Qualifications to Supervise Psychotherapy

Applicant Instructions

Note: A supervisor who is not licensed in New York State or has not previously been approved by the State Education Department to supervise LMSW's who provide psychotherapy services must complete this form.

Complete Section I and forward the entire form to the supervisor (LCSW, psychiatrist, or psychologist) who supervised your work experience. Ask the supervisor to complete Section II and send the entire form directly to the Office of the Professions at the address at the end of the form. **This form will not be accepted if submitted by the applicant.**

This form may be submitted prior to the experience to confirm the eligibility of the supervisor.

Section I: To be Completed by the Licensed Clinical Social Worker Applicant

<p>1 Print Name as It Appears on Your Application for Licensure (Form 1)</p> <p>Last <input style="width: 100px; height: 20px;" type="text"/></p> <p>First <input style="width: 100px; height: 20px;" type="text"/></p> <p>Middle <input style="width: 100px; height: 20px;" type="text"/></p>	<p>2 Social Security Number <i>(Leave this blank if you do not have a U.S. Social Security Number)</i></p> <p><input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>
<p>3 New York State Licensed Master Social Worker License Number: <input style="width: 100px; height: 20px;" type="text"/></p>	
<p>4 Supervisor's Name</p> <p>_____</p> <p style="text-align: center;">Last First Middle</p>	

Section II: To be Completed by the Supervisor

Complete this section and return all pages of this form to the Office of the Professions at the address at the end of the form. Your signature on this form must be notarized by a Notary Public.

1 Were you licensed and registered in the State of New York at the time you supervised the applicant? Yes No

a. N.Y.S. License number: Date license issued Month Day Year

Profession: _____

b. Other State licenses:

Profession	State	License Number	Date of License

c. Check degree: Ph.D./DSW Ed.D. Psy.D. M.S.W. M.D.

d. Title of degree: _____

e. Date of receipt of degree: _____

Name of school: _____

f. Board certification? No Yes If yes, title of certification: _____

Section II: To be Completed by the Supervisor (continued)

2 ADDITIONAL QUALIFYING CRITERIA: (Complete all that apply for your profession)

Licensed Psychologist:

a. ABPP Diplomate In: Counseling Clinical School

Year received _____

b. Doctorate in clinical or counseling or school psychology? Yes No

If "yes," was it from a program which was New York State registered or APA approved? Yes No

c. Did you complete a formal internship which included psychotherapy training? Yes No

If yes, name of program: _____ Date completed: _____ / _____ / _____
mo. day yr.

Was the internship accredited by the APA at that time? Yes No

d. If your doctorate was in a field other than clinical or counseling or school psychology, did you take a formal respecialization program in clinical or counseling or school psychology? Yes No

If yes, name of program: _____ Date completed: _____ / _____ / _____
mo. day yr.

Physicians:

Have you completed a psychiatric residency? Yes No

If yes, name of program: _____ Date completed: _____ / _____ / _____
mo. day yr.

LCSW:

A qualified supervisor must have at least three years of full-time, post-MSW supervised experience in **diagnosis and psychotherapy**, prior to supervising the applicant.

Please note that other direct practice with clients does not qualify under New York State Law. In order to determine if you are qualified to supervise, we must have the following information to evaluate your post-degree supervised experience in diagnosis and psychotherapy.

Dates of Post-MSW Experience	Weekly Client Contact Hours	Hours of Individual Supervision/Month	Hours of Group Supervision/Month	Supervisor Name	Supervisor License and Jurisdiction

Have you earned the "R" Psychotherapy Privilege? Yes No Date conferred: _____ / _____ / _____
mo. day yr.

All Supervisors:

Have you completed a prescribed postgraduate program in psychotherapy in an institute **chartered by the New York State Board of Regents** or one in another jurisdiction, which might be considered equivalent as determined by the State Board? Yes No

If yes, name of Institute: _____

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

Attach a copy of license and Curriculum Vitae.

Section II: To be Completed by the Supervisor (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 determine my eligibility as a supervisor of LMSWs seeking licensure as an LCSW and that the answers given are truthful and accurate to the best of my ability.

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 undersigned, 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

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. **Your signature on this form must be notarized by 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.

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 undersigned, 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

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

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.

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 undersigned, 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.**

CERTIFICATION OF EXEMPTION

IDENTIFICATION AND REPORTING CHILD ABUSE and MALTREATMENT TRAINING

Applicants for licensure and licensees applying for re-registration as **physicians, chiropractors, dentists, registered nurses, podiatrists, optometrists, psychologists, dental hygienists, licensed master social workers, licensed clinical social workers, creative arts therapists, marriage and family therapists, mental health counselors, and psychoanalysts** must complete two hours of Department approved coursework or training in the identification and reporting of child abuse and maltreatment. A limited exemption from this requirement is available if the nature of the applicant's/licensee's practice excludes contact with children. Any licensee who asks for an exemption must notify the Department in writing, within 30 days, when the nature of the practice changes and an exemption is no longer valid.

APPLICANT INSTRUCTIONS

1. If you are certain that you qualify for an exemption, complete items 1-6 by printing clearly in ink in the spaces provided. Be sure to sign and date Item 7
2. Send the completed form to the address shown above to the attention of the unit for your profession (for example: Attention Medicine Unit). See item 6 for listing.

Properly completed forms will be accepted. You will only receive notice from the Department if a request is insufficient to grant an exemption. Please retain a photocopy of this Certification of Exemption.

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

5 N.Y.S. License Number
 (If applicable)

2 Birth Date Month Day Year

3 Print Your Name Exactly As It Appears On Your Licensure Application Or Registration

Last

First

Middle

6 Profession (check one)

- Medicine
- Chiropractic
- Dentistry
- Dental Hygiene
- Registered Nurse
- Podiatry
- Optometry
- Psychology
- Licensed Master Social Worker
- Licensed Clinical Social Worker
- Creative Arts Therapist
- Marriage and Family Therapist
- Mental Health Counselor
- Psychoanalyst

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

7 ATTESTATION

59.12 (b) The department may exempt an applicant or licensee from the coursework or training requirement of subdivision (a) of this section upon receipt of a written application for such exemption establishing that there would be no need to complete the coursework or training because the nature of the applicant's/licensee's practice excludes contact with children. It is the professional responsibility of the licensee who holds an exemption to notify the department in writing, within 30 days, when the nature of the practice changes to the extent that the basis for exemption ceases to exist.

I, the undersigned, have read regulation 59.12(b) above and the explanation on this form. I understand the terms and conditions contained therein, and hereby declare that the nature of my practice is such that I do not treat or otherwise have professional contact either with children under the age of 18 years or persons 18 years of age and older with a handicapping condition who reside in a residential care school or facility. Therefore, I claim an exemption from the required training in child abuse and maltreatment identification and reporting pursuant to Section 59.12, Regulations of the Commissioner.

I also understand that should the nature of my practice change to the extent that the basis for the exemption ceases to exist, I am obligated to notify the department in writing and complete the required training within 30 days.

I further understand that a false statement on this document may be cause for denial or loss of licensure and may result in criminal prosecution.

 Applicant signature _____ Date

ADDRESS/NAME CHANGE FORM

INSTRUCTIONS

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by e-mailing oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation.

Acceptable supporting documentation includes:

A court order authorizing your name change, marriage certificate, or divorce papers **and** a copy of a photo ID in your new name.

Or

Two (2) of the following:

- A letter from the Social Security Administration indicating both your old and new names.
- Copies of both old and new driver's licenses.
- Copies of both old and new New York State non-driver photo ID cards.
- Copies of both old and new Social Security Cards.
- Copies of both old and new passports.
- Copies of both old and new U.S. Military photo ID cards.

Other forms of identification may be acceptable as supporting documentation. Please contact the Records/Archives Unit by calling 518-474-3817 Ext. 380 or by e-mailing oparchiv@mail.nysed.gov before submitting.

Be sure to sign and date Section IV. Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your **new** name, check the appropriate box in Section III and enclose your **original parchment** (your original parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it).

- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

NOTE: Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

Section I: Your General Information

1. Name (currently on record): _____

2. Social Security Number: Birth Date: Month Day Year

Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____

E-mail: _____ Fax: _____ - _____ - _____

3. Are you reporting an address and/or name change? address change name change both

4. Effective date of change: _____ / _____ / _____ **(Note: Changes cannot be accepted until after the effective date.)**

5. Licensure status in New York State:

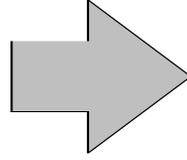
I am an applicant for licensure in New York State for the licensed profession(s) of: _____

I am currently licensed in New York State in the profession(s) of: _____ (see list of professions on page 2)

_____ New York State license number:

Section II: Address Change (please print)**Information Currently On Record**

Apt./Bldg. _____
 Street _____
 City _____
 State _____
 Zip Code -
 Province or Country (if not U.S.) _____

**New Information**

Apt./Bldg. _____
 Street _____
 City _____
 State _____
 Zip Code -
 Province or Country (if not U.S.) _____

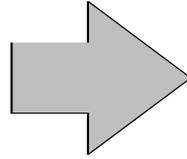
Is this new address a business address? Yes No

Failure to answer this question will result in your address being deemed a business address and, therefore, public information.

Section III: Name Change (please print) If you are reporting a name change, please sign using your **NEW** name in Section IV. **If you are currently registered you will receive a new registration certificate.**

Information Currently On Record

Last Name _____
 First Name _____
 Middle or Initial _____

**New Information**

Last Name _____
 First Name _____
 Middle or Initial _____

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your **original** parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it.

Section IV: Affidavit

I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature _____

Date _____

Professional Titles Licensed Under Education Law

(See item #5 on page 1 of the form.)

Acupuncturist
 Architect
 Athletic Trainer
 Audiologist
 Certified Clinical Laboratory Technician
 Certified Dental Assistant
 Certified Histological Technician
 Certified Public Accountant
 Certified Shorthand Reporter
 Chiropractor
 Clinical Laboratory Technologist
 Creative Arts Therapist
 Cytotechnologist
 Dental Hygienist
 Dentist
 Dietitian/Nutritionist
 Interior Designer

Landscape Architect
 Land Surveyor
 Licensed Clinical Social Worker
 Licensed Master Social Worker
 Licensed Practical Nurse
 Marriage and Family Therapist
 Massage Therapist
 Medical Physicist
 Mental Health Counselor
 Midwife
 Nurse Practitioner
 Occupational Therapist
 Occupational Therapy Assistant
 Ophthalmic Dispenser
 Optometrist
 Perfusionist
 Pharmacist

Physical Therapist
 Physical Therapist Assistant
 Physician
 Podiatrist
 Polysomnographic Technologist
 Professional Engineer
 Psychoanalyst
 Psychologist
 Public Accountant
 Registered Physician Assistant
 Registered Professional Nurse
 Registered Specialist Assistant
 Respiratory Therapist
 Respiratory Therapy Technician
 Speech-Language Pathologist
 Veterinarian
 Veterinary Technician

Applicants
mail to

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
 (insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Licensees
mail to

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
 Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**The State Education Department
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000**