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Licensed Clinical Social Worker
“R”
Psychotherapy Privilege

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 privilege** by checking our Web site where the “R” designation is added immediately when the psychotherapy privilege has been secured, or contact:

New York State 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.

⇒ Practice Issues

For answers to questions concerning practice issues, contact:

New York State 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

THE LICENSED CLINICAL SOCIAL WORKER PSYCHOTHERAPY "R" PRIVILEGE

INTRODUCTION

This publication contains information and application forms for the psychotherapy privilege available to Licensed Clinical Social Workers (LCSWs) licensed in New York State. This information is based on applicable law and regulation and Department administrative policy and reflects the many inquiries received by the Office of the Professions regarding this credential. The format is designed to provide convenient and practical answers to the typical questions posed by applicants, their supervisors, employers, and consumers of social work psychotherapy services.

New York State Insurance Law authorizes a privilege to the LCSW license. This privilege requires the LCSW license and three years of supervised experience in psychotherapy obtained after receiving the LCSW. A separate application and fee are required for this privilege.

DEFINITION OF TERMS

Licensed Clinical Social Worker: 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 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 content 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.

LCSW Reimbursement: An LCSW is recognized in New York State as a reimbursable psychotherapist. The insurance law has been called "make available legislation," because an insurance company is required to provide reimbursement for social work services only at the request of the insured group (which is usually represented by a labor union). The LCSW's clients may receive reimbursement for mental health services under the regulation and limitations of the insurance law. Information on LCSWs is available on our Web site at www.op.nysed.gov/opsearch.htm listed by the name of the Licensed Clinical Social Worker.

Psychotherapy "R" Privilege: An LCSW who fulfills the requirements of the insurance law for supervised experience providing psychotherapy, is recognized in New York State as a reimbursable psychotherapist. The "R" privilege requires insurance carriers to provide reimbursement for psychotherapy

services whenever a health insurance contract includes reimbursement of qualified psychologists and psychiatrists. The "R" statute has been called "mandatory legislation." This designation is added to one's license number (e.g., LCSW R123456) and the practitioner's clients must receive reimbursement for mental health services under the regulation and limitations of the insurance law . Information on LCSWs who have the "R" privilege is available on our Web site at www.op.nysed.gov/opsearches.htm, listed by name of Licensed Clinical Social Worker.

EXCLUSIONS TO COVERAGE AUTHORIZED BY THE PSYCHOTHERAPY PRIVILEGE

Licensed Clinical Social Workers in New York State who have received the psychotherapy privilege are recognized providers of psychotherapy services under New York State Insurance Law, Sections 3221 and 4303, **EXCEPT** under the following conditions:

1. The benefits are provided under an **individual** contract with an insurance company, not a **group** health plan.
2. The insurance plan is part of a managed care organization (HMO, IPA, PPO, etc.), which may not recognize social workers.
3. The employer is self-insured, which means the employer has funded the benefit program rather than hiring an insurance company to take that financial risk. (**Note:** Some employers hire the insurance company only to administer the fund and are still regarded as self-insured.)
4. The contract between the employer and the insurance company was delivered out-of-state. Regardless of where the insurance company is located, when it negotiates a contract to cover the employees of any employer whose home office is not in New York State, the contract is delivered to that employer at the out-of-state address. Even if some employees work within New York State at a branch office or company plant, the Insurance Law of New York State has no jurisdiction.

All inquiries regarding the above conditions should be verified with the insurance company or employer . Further clarification cannot be provided by the State Board for Social Work. Complaints should be directed to the Consumer Services Bureau of the New York State Insurance Department at 1-800-342-3736.

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. 380
TDD/TTY 518-473-1426

Fax: 518-486-3617

E-mail: oparchiv@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:

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

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/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 New York State Education Law is available on our Web site at www.op.nysed.gov/title8.htm

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

Copies of the relevant sections of the New York State Education Law, Rules of the Board of Regents, and the Commissioner's Regulations are available upon request from opforms@mail.nysed.gov or 518-474-3817 ext. 320.

You received information on professional practice when you received your license and first registration.

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.

For additional information see: www.oft.state.ny.us/arcpolicy/policy/tp_974.htm

APPLYING FOR THE LICENSED CLINICAL SOCIAL WORKER PSYCHOTHERAPY “R” PRIVILEGE

GENERAL REQUIREMENTS

To secure a licensed clinical social worker psychotherapy "R" privilege in New York State you must:

- be a licensed and currently registered New York State licensed clinical social worker;
- meet the supervised work experience for the privilege; and
- file an application for the privilege and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form.

Note: It is your responsibility to follow up with anyone you have asked to send us material.

The specific requirements for the licensed clinical social worker psychotherapy "R" privilege are contained in Sections 3221(1)(4)(a) and (d) and Section 4303 (i) and (n) of New York's Insurance Law and Part 74.5 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

The fee for the licensed clinical social worker psychotherapy "R" privilege is \$100.

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: **New York State Education Department, Office of the Professions at the address at the end of the Application for Licensed Clinical Social Work Psychotherapy “R” Privilege (Form 1SWPR)**

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.

REQUIREMENTS FOR THE PRIVILEGE

To qualify for the licensed clinical social worker psychotherapy "R" privilege, you must be a licensed clinical social worker (LCSW) in New York State.

The experience requirements for the privilege were amended to require that such experience be obtained after licensure as an LCSW. However, an individual who started the experience for the privilege prior to January 1, 2011 may submit experience that was completed prior to licensure. That experience must be after the experience that qualified you for licensure as an LCSW, in the determination of the State Board, and meet all other requirements for acceptable, supervised experience.

You must have 36 months of full-time (or the part-time equivalent) supervised experience in psychotherapy after licensure as an LCSW, under the supervision of an LCSW with the “R” privilege, licensed psychologist or licensed physician who is competent in psychology. The qualifications for the supervisor are listed in Appendix A.

Before you start the experience, you must submit an Application for Licensed Clinical Social Worker Psychotherapy “R” Privilege (Form 1SWR) along with the \$100 application fee to the Office of the Professions at the address at the end of the form.

You and your supervisor must submit documentation using Form 4SWPR and the Psychotherapy Log that verifies the experience which meets the following conditions:

1. Only the practice of psychotherapy, as defined in the Education Law, is acceptable for the privilege.
2. The post-LCSW experience must be at least 36 subsequent calendar months of psychotherapy experience. You may not submit less than 400 client contact hours of psychotherapy in any 12-month period.
3. A total of 36 months and 2,400 hours of direct client contact after you are licensed as an LCSW is required. Every subsequent month and client contact hour may be counted.
4. The 36 months may not be shortened. Part-time experience will increase the time to complete the required hours.
5. A client contact hour is at least 45 minutes of psychotherapy with individuals, families or groups; sessions may be combined.
6. The supervised experience must be in a setting defined as acceptable to the Department in law and regulation.
7. All experience must be supervised by an LCSW with the "R" privilege, licensed psychologist, or physician who is competent in psychiatry as defined below;
8. Supervision for the licensed clinical social worker psychotherapy "R" privilege application must consist of individual or group consultation at least two hours per month which may be provided in-person, or by telephone, video conference or internet, or enrollment in a program in psychotherapy in an institution of higher education or a psychotherapy institute chartered by the Board of Regents.

Note: Effective June 29, 2010, peer supervision is not allowed.

PLAN FOR EXPERIENCE

Before starting the experience for the "R" privilege, you must submit for review and approval by the State Board for Social Work, a Plan for Supervised Experience (Form 6) that will meet the requirements of this paragraph. The plan for supervision shall specify:

- a. individual or group consultation of no less than two hours per month; or
- b. enrollment in a program authorized to provide psychotherapy offered by an institution of higher education or by a psychotherapy institute chartered by the Board of Regents.

The individual or group supervision must be provided by a Licensed Clinical Social Worker with the "R" privilege, a licensed psychologist or a licensed physician who has a qualification in psychiatry, in the determination of the State Board. The experience must be completed in an authorized setting, as defined in the Education Law and Part 74.5 of the Commissioners' Regulations. You can access more information about qualified supervisors in the Appendix A.

A Plan for Supervised Experience (Form 6) must be submitted by the supervisor for review and approval by the State Board. Your Form 6 will not be reviewed unless you have already submitted an Application for Licensed Clinical Social Worker Psychotherapy "R" Privilege (Form 1SWPR) and \$100 fee.

REQUIREMENTS FOR SUPERVISORS: PSYCHIATRISTS, PSYCHOLOGISTS AND SOCIAL WORKERS

Supervision of applicants for the licensed clinical social worker psychotherapy "R" privilege must be provided by either a:

1. Physician who, while supervising the applicant, was licensed by the state in which supervision occurred and had appropriate training and experience in psychiatry as determined by the Department, such as board certification or a psychiatric residency; or
2. Psychologist who, while supervising the applicant, was licensed as a psychologist in the state where supervision occurred and was qualified in psychotherapy as determined by the Department or is a graduate of an American Psychological Association approved program in psychology or an equivalent program as determined by the Department; or
3. A New York State LCSW with the "R" privilege or the equivalent who was licensed and registered while supervising the applicant, as determined by the Department.

The Department will review the qualifications of a prospective supervisor who submits a completed Approval of Qualifications to Supervise Psychotherapy (Form 4Q) with the Application for Licensed Clinical Social Worker Psychotherapy “R” Privilege (Form 1SWPR). Approval of the supervisor’s qualifications does not guarantee approval of the applicant’s experience which must be completed in accordance with Part 74.5 of the Commissioner’s Regulations.

INFORMED CONSENT

It is the responsibility of the licensed clinical social worker (LCSW) to inform the client that the LCSW is supervised in the practice of psychotherapy. The client should understand that the LCSW is sharing with a qualified supervisor information about the diagnosis and treatment of each client and that the supervisor provides the LCSW with oversight and guidance in diagnosing and treating clients. The client should be provided with contact information for the supervisor to share any concerns or questions about the applicant’s practice.

If an LCSW is employed in an agency or other setting and on-site supervision is not available, it is the responsibility of the LCSW, employer and supervisor to make arrangements for supervision. In addition to informed consent for the client, the arrangements should include access by the supervisor to client information and records to ensure appropriate supervision of the LCSW seeking the psychotherapy privilege. The supervisor must be employed by the agency, not the LCSW.

SETTING

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 defined as:

- A practice owned or operated by the applicant;
- 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 psychotherapy;
- A professional partnership owned by licensees who provide services that include psychotherapy;
- A professional service corporation, registered limited liability partnership or professional service limited liability corporation that is owned by a licensed clinical social worker with the “R” privilege, licensed psychologist or licensed physician who is competent in psychiatry;
- A hospital or clinic authorized under Article 28 of the Public Health Law and authorized to provide health services, including clinical social work;
- A program or facility authorized under the Mental Hygiene law to provide appropriate health services, including clinical social work;
- A program or facility authorized under federal law, such as the Veterans’ Administration, to provide health services including 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*.

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, the 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.”

COMPLETING THE APPLICATION FORMS

For the Licensed Clinical Social Worker Psychotherapy "R" Privilege

INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Information about each form in this packet is given below.

FORM 1SWPR - APPLICATION FOR LICENSED CLINICAL SOCIAL WORKER PSYCHOTHERAPY "R" PRIVILEGE

All applicants for the licensed clinical social worker psychotherapy "R" privilege must complete this form and submit it with the \$100 application fee directly to the Office of the Professions at the address at the end of Form 1SWPR. 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. Original signatures are required, therefore, we cannot accept faxes or copies. **Your signature on Form 1SWPR must be notarized by a Notary Public.**

APPENDIX A - REQUIREMENTS FOR SUPERVISED EXPERIENCE FOR LICENSED CLINICAL SOCIAL WORKER PSYCHOTHERAPY "R" PRIVILEGE

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

FORM 4SWPR - CERTIFICATION OF EXPERIENCE FOR LICENSED CLINICAL SOCIAL WORKER PSYCHOTHERAPY "R" PRIVILEGE

This form must be submitted directly by your supervisor after you have completed the supervised experience. If you have completed the experience and your supervisor is not available, you must provide the supervisor's qualifications and your experience may be verified by a licensed colleague. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section of the form before sending the entire form and a copy of Appendix A to your supervisor to complete section II. Note: Only experience in psychotherapy is acceptable for the privilege. Be sure to sign and date item 7.

Section II: The supervisor verifying your psychotherapy experience must complete this section and provide information about his/her qualifications. The supervisor, or if the supervisor is not available a licensed colleague, must complete and sign the attestation, **have the signature notarized by a Notary Public**, and return the form directly to the Office of the Professions at the address at the end of the form. A copy of the supervisor's license or registration should be attached to the form.

Psychotherapy Log: Use the psychotherapy log to document your hours of practice and supervision. This log must be completed by you and your supervisor **and retained by the supervisor, who is responsible for documenting your supervised experience for the privilege. If requested by the State Board for Social Work, the supervisor must submit the log for review.**

A separate Form 4SWPR must be submitted for each supervised experience you list on the Application for Licensed Clinical Social Worker Psychotherapy "R" Privilege Experience Record (Form 1SWPR).

Please photocopy the form as needed but all forms submitted to the Department must bear original signatures.

FORM 4Q-SWPR - APPROVAL OF QUALIFICATIONS TO SUPERVISE PSYCHOTHERAPY (if applicable)

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

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

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

Section II: Your supervisor must complete this section, sign the attestation, **have the signature notarized by a Notary Public**, 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 the form as needed but all forms submitted must bear original signatures and be notarized by a Notary Public.

FORM 6SWPR - PLAN FOR POST-LCSW 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 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 PSYCHOTHERAPY "R" PRIVILEGE ====

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?
 - _____ A. FORM 1SWPR - APPLICATION FOR LICENSED CLINICAL SOCIAL WORKER PSYCHOTHERAPY "R" PRIVILEGE
 - _____ B. FEE FOR PSYCHOTHERAPY "R" PRIVILEGE - \$100

- _____ 2. FORM 4SWPR - CERTIFICATION OF EXPERIENCE FOR LICENSED CLINICAL SOCIAL WORKER PSYCHOTHERAPY "R" PRIVILEGE
 Have you completed and forwarded this form along with the psychotherapy log, and a copy of Appendix A to your supervisor and/or agency(ies) and checked to be sure they submitted the information? Keep copies of the requests.

Sent to the following supervisors or facilities:	Date sent
_____	_____
_____	_____

- _____ 3. FORM 4QSWPR - APPROVAL OF QUALIFICATIONS TO SUPERVISE PSYCHOTHERAPY (if applicable)
 If your supervisor has not already been approved by the Department to supervise the provision of psychotherapy services by LCSW's, send this form along with a copy of Appendix A to your supervisor to complete and return to the Office of the Professions.

Sent to the following supervisors:	Date sent
_____	_____
_____	_____

- _____ 4. FORM 6SWPR - PLAN FOR POST-LCSW SUPERVISED EXPERIENCE
 This form must be submitted before you start the post-licensure experience for the privilege.

Sent to the following supervisor:	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.

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.

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

Plan for Experience

Before starting the experience for the "R" privilege, you must submit for review and approval by the State Board for Social Work, a Plan for Supervised Experience (Form 6) that will meet the requirements of this paragraph. The plan for supervision shall specify:

- a. individual or group consultation of no less than two hours per month; or
- b. enrollment in a program authorized to provide psychotherapy offered by an institution of higher education or by a psychotherapy institute chartered by the Board of Regents.

The individual or group supervision must be provided by a Licensed Clinical Social Worker with the "R" privilege, a licensed psychologist or a licensed physician who has a qualification in psychiatry, in the determination of the State Board. The experience must be completed in an authorized setting, as defined in the Education Law and Part 74.5 of the Commissioners' Regulations. You can access more information about qualified supervisors in the Appendix A.

A Plan for Post-LCSW Supervised Experience (Form 6) must be submitted by the supervisor for review and approval by the State Board. Your Form 6 will not be reviewed unless you have already submitted an Application for Licensed Clinical Social Worker Psychotherapy "R" Privilege (Form 1SWPR) and \$100 fee.

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.

Appendix A

Requirements for Supervised Experience

Licensed Clinical Social Worker Psychotherapy “R” Privilege

- An applicant for the psychotherapy privilege must be licensed and registered as a Licensed Clinical Social Worker (LCSW) in New York State and must document the completion of 36 months of supervised experience in **psychotherapy** as defined in section 74.5(b) of the Commissioner’s Regulations, acceptable to the Department. The supervised experience must be after the individual was licensed as an LCSW.
- A total of 36 months and 2,400 hours of direct client contact in psychotherapy is required. The LCSW must complete a minimum of 400 client contact hours in any 12-month period. Part-time experience will increase the time to complete the required hours.
- A client contact hour is defined as at least 45 minutes of psychotherapy with individuals, families or groups. An applicant may combine sessions of less than 45 minutes to calculate the client hours if clinically appropriate, as determined by the supervisor. Concrete social work services, including collateral contacts, record-keeping, case management, and other activities are not considered the practice of psychotherapy and may not be considered in the calculation of client contact hours.

Qualified Supervisor

The experience must be supervised by an individual who is a(n):

- LCSW with the “R” privilege in New York State or the equivalent as determined by the Department, equivalent meaning the supervisor has his or her own 3 years of supervised, post license experience; 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.

The Department will review the qualifications of a prospective supervisor prior to the experience as part of the plan review. Approval of a supervisor does not guarantee approval of the applicant’s experience which must be completed in accordance with Part 74.5 of the Commissioner’s Regulations.

Supervision Sessions

The supervision must meet the following requirements:

- individual or group consultation of no less than two hours per month; or
- enrollment in a program authorized to provide psychotherapy offered by an institution of higher education or by a psychotherapy institute chartered by the Board of Regents.

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 defined as:

- A practice owned or operated by the applicant;
- 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 psychotherapy;
- A professional partnership owned by licensees who provide services that include psychotherapy;
- A professional service corporation, registered limited liability partnership or professional service limited liability corporation that is owned by a licensed clinical social worker with the “R” privilege, licensed psychologist or licensed physician who is competent in psychiatry;

- A hospital or clinic authorized under Article 28 of the Public Health Law and authorized to provide health services, including clinical social work;
- A program or facility authorized under the Mental Hygiene law to provide appropriate health services, including clinical social work;
- A program or facility authorized under federal law, such as the Veterans' Administration, to provide health services including 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*.

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, the 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."

See Part 74.5 of the Commissioner's Regulations for more detail.

Section II: Supervisor's Verification of Experience

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

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

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

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

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

Name of facility: _____

Address: _____

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

- Private practice owned by applicant. (LCSW)
- Private practice owned by the supervisor. (LCSW-R, Licensed Psychologist or Psychiatrist)
- Program approved by New York State Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), Office of Alcoholism & Substance Abuse Services (OASAS), Office of Children & Family Services (OCFS), Department of Correction Services, State Office for the Aging, Department of Health, or local social service or mental hygiene district. (Attach copy of operating certificate)
- Professional entity registered with the New York State State Education Department and authorized to provide psychotherapy and/or clinical social work services. (Attach certificate of incorporation)
- Not-for-Profit or educational corporation authorized by a waiver issued by the State Education Department. (Attach copy of authorization.)
- Enrollment in a psychotherapy program in an institution of higher education, psychotherapy institute chartered by Board of Regents and authorized to provide psychotherapy to the public (attach copy of Regents Charter)
- Elementary, middle, high school or college authorized to provide psychotherapy services to students. (Attach copy of Regents Charter)
- Other entity authorized under law to employ licensed professionals and provide services. (Attach copy of certificate of incorporation)

You must initial each section to verify the applicant was appropriately supervised:

_____ Education Law and Commissioner's Regulations define acceptable experience as at least 400 client contact hours per year in diagnosis and psychotherapy. Failure to provide appropriate supervision could result in charges of unprofessional conduct against the licensed supervisor.

_____ Acceptable supervision is defined as the applicant apprising the supervisor of the diagnosis and treatment of each client, cases are discussed, the supervisor provides oversight and guidance to the applicant in diagnosis and treatment, the supervisor reviews and evaluates the applicant's work and provides the minimum hours of supervision each month, that is:

- Two hours/month of individual, group consultation; or
- Enrollment in a program of psychology offered by an institutions of higher education or psychotherapy institute chartered by the Board of Regents (Name: _____)

_____ A record of client contact hours and supervision has been completed and retained by the supervisor.

Indicate the number of client contact hours of psychotherapy provided over the period below: _____

Applicant was supervised from: _____ / _____ / _____ to _____ / _____ / _____ (no later than today's date)
mo. day yr. mo. day yr.

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 the psychotherapy privilege issued by the New York State Education Department.

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

Print name: _____

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: 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. Full-time experience is defined as 2000 client contact hours (45-minute sessions) of diagnosis, psychotherapy and assessment-based treatment planning over a period of at least 36 months and not more than 72 months. You must have received at least 100 hours of in-person supervision by a qualified supervisor (LCSW, psychologist or psychiatrist).

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	Total Client Contact Hours	Total Hours of 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 the LCSW Psychotherapy "R" Privilege. I understand that the above information will be used to determine my eligibility as a supervisor of LCSWs seeking the psychotherapy "R" Privileges under New York State Insurance Law 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 was 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.

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 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 LCSW seeking the LCSW Psychotherapy "R" Privilege 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,
New York 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.**

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.)**

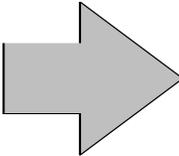
5. Licensure status in New York State:

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:

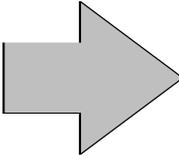
Section II: Address Change (please print)

Information <u>Currently On Record</u>		New Information
Apt./Bldg. _____		Apt./Bldg. _____
Street _____		Street _____
City _____		City _____
State _____		State _____
Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Province or Country (if not U.S.) _____	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 <u>Currently On Record</u>		New Information
Last Name _____		Last Name _____
First Name _____		First Name _____
Middle or Initial _____		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**