

Licensed Master Social Worker Form 5

Application for Limited Permit

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services

Applicant Instructions

1.	72	\$70	PR
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1. A limited permit authorizes practice as a licensed master social worker under the general supervision of an LMSW or an LCSW. Complete Section I. Be sure to sign and date item 9. It is your responsibility to ensure that your supervisor fully completes Section II.
2. You may apply for a limited permit either at the same time as or after submitting an application for a license as a LMSW in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee (\$294), you must submit them with this form and the limited permit fee.
3. Submit this application and the \$70 fee to the Office of the Professions at the address at the end of this form.
4. Permits cannot be issued until all required documents have been received and approved.
5. If you change supervisors or have additional supervisors after a permit is issued, you must obtain a reissued permit. Complete a new Form 5 with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a permit issued as a result of a change in supervisor.

Section I - Applicant Information

2. Social Security Number _____ 3. Birth Date Month Day Year
(Leave this blank if you do not have a U.S. Social Security Number)

4. Print Your Name Exactly As It Appears On Your Application for Licensure (Form 1)

Last

First

Middle

5. 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

6. Telephone/Email Address

Daytime Phone

Email Address (please print clearly)

Area Code

Phone

7. I am applying for Original Permit Additional Supervisor Additional Employer
 Change of Supervisor Change of Employer

8. Name of employer _____

9. **Attestation**

I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and licensure and may result in criminal prosecution.

Applicant's Signature _____

Date _____

Section II - Supervisor's Certification of Employment

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. A LMSW permit holder may not practice clinical social work except under the supervision of a LCSW.

The applicant named in Section I is seeking a limited permit to practice as a LMSW in New York State. Complete the information below to certify that the applicant will be supervised at the setting named below.

Applicant's Name _____
(Section I, item 4)

Supervisor's Name (print full name - no initials) _____

Licensed as an LMSW LCSW New York State license number _____

Employment Setting

Name _____

Address _____
(Street)

_____ City (State/Province) (ZIP Code) (Country)

The above facility is a (check one, attach a copy of operating certificate or certificate of incorporation)

- Office of Mental Health (OMH) approved setting
- Office for People with Developmental Disabilities (OPWDD) approved setting
- Office of Alcoholism and Substance Abuse Services (OASAS) approved setting
- Department of Health (DOH) approved setting
- Office of Children & Family Services (OCFS) approved setting
- Department of Corrections and Community Supervision (DOCCS) approved setting
- State Office for the Aging approved setting
- Not-for-profit or educational corporation issued a waiver by the State Education Department
- Public health agency or setting approved by the social services district
- Office of a licensed clinical social worker or licensed master social worker
- Professional corporation, PLLC, PLLP, professional partnership
- Other setting (describe) _____

Attestation of Supervisor

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 _____

Print Name _____

Address _____

Telephone _____

Fax _____

Email _____

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