Licensed Master Social Worker Form 6

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Plan for Supervised Experience

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 7. Use the psychotherapy log to document your hours of practice and supervision.
2. Send the entire form to your supervisor and ask him/her to complete Section II and forward 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 submitted by the applicant.**

If the supervisor is not licensed in New York State or has not previously been approved by the Department to supervise LMSW's who provide psychotherapy services, an Approval of Qualifications to Supervise Psychotherapy (Form 4Q) must be submitted.

Section I: Applicant Information

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

2 **Birth Date** Month ___ Day ___ Year ___

3 **Print Name as It Appears on Your Application for Licensure (Form 1)**

Last
First
Middle

5 **Telephone/E-Mail Address**

Daytime phone
___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Area Code Phone

E-mail Address (please print clearly)

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

6 You must complete 2,000 client contact hours of post-MSW supervised experience in diagnosis, psychotherapy and assessment-based treatment plans over a period of at least 36 months and no more than 6 years. You must have been supervised by a licensed clinical social worker, licensed psychologist or physician who meets the requirements of section 74.6 of the Commissioner's Regulations in an acceptable setting as defined in section 74.6.

Name of proposed clinical supervisor: _____

Name of setting: _____

Setting address: _____

LMSW License Number: ___ ___ ___ ___ ___ ___ Date LMSW License issued: Month ___ Day ___ Year ___

Date MSW degree awarded: _____ / _____ / _____
mo. day yr.

7 **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 licensure and may lead to a filing of charges of professional misconduct.

_____ _____ / _____ / _____
Applicant's Signature mo. day yr.

Psychotherapy Log: Use this weekly log to document the applicant's hours of practice and supervision for Licensed Master Social Worker. **All** pages of this log must be retained by the supervisor and submitted upon request of the Department. Please photocopy this log as needed.

Page _____ **of** _____

Applicant name: ___________________________________ Supervisor name: ___________________________________

Week starting date for psychotherapy (mm/dd/yy)	Client Contact Hours/Week*	Applicant Initials	Supervision Type (Individual, Group, Peer, Case)**	Supervision Hours/Week**	Supervisor Initials
_______ / _______ / _______					
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***Contact hour = 45 Minutes of psychotherapy (shorter sessions may be combined)**

****Supervision = at least 100 hours of in person supervision over the period of at least 36 months and not more than 72 months.**

Section II: 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, 2018."

Section II: Supervisor's Verification of Plan for Experience

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

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

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

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

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

Name of facility or private practice: _____

Address: _____

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

☐ Private practice owned by supervisor (LCSW, Licensed psychologist or psychiatrist)

☐ Professional entity (PLLC, PLLP, P.C.) owned by supervisor (attached consent from SED)

☐ Sole proprietorship or other entity authorized under law (attach certificate of corporation)

☐ Program approved by the New York State Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), Office of Alcoholism & Substance Abuse Services (OASAS), Office of Children & Family Services (OCFS), Department of Correctional Services, State Office for the Aging, or local social service or mental hygiene district (attach operating certificate)

☐ Department of Health (DOH) approved hospital or nursing home (attach copy of operating certificate)

☐ Psychotherapy institute chartered by Board of Regents and authorized to provide psychotherapy to the public (attach copy of Regents Charter)

☐ Elementary, middle, high school or college authorized to provide psychotherapy services to students (attach copy of authorization)

☐ Not-for-profit or other entity authorized by waiver from the ¦State Education Department to employ licensed professionals and provide services (attach certificate of incorporation)

☐ Other (describe): _____

Supervisor:

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

I am a (check all that apply):

☐ Licensed Clinical Social Worker License number: _____ License date: _____ / _____ / _____ (mo. / day / yr.)

☐ Licensed Psychologist License number: _____ License date: _____ / _____ / _____ (mo. / day / yr.)

☐ Licensed Physician License number: _____ License date: _____ / _____ / _____ (mo. / day / yr.)

Do you have Board certification in psychiatry? ☐ Yes ☐ No

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

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: _____

Attestation

I hereby certify that I have read Appendix A and that I meet the requirements to supervise experience for LCSW's. I understand that the above information will be used to review the plan for supervised experience of the LMSW seeking licensure as an LCSW and that the answers given are truthful and accurate to the best of my ability. **This form must be signed and dated in the presence of a Notary Public.**

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

Print name : _____

Address: _____

_____

Phone: _____ Fax: _____

E-mail: _____

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

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