

Licensed Clinical Social Worker Psychotherapy "R" Privilege Form 1SWPR

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

Department Use Only

1	73	\$100	PS
---	----	-------	----

Date Approved

Initials

6 Telephone/E-Mail Address

Daytime phone
 Home or Business

 Area Code Phone
E-mail Address (please print clearly)
 Home or Business

Application for Licensed Clinical Social Worker Psychotherapy "R" Privilege

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

3 Birth Date Month Day Year

4 Print Name
 Last
 First
 Middle

Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

5 Mailing Address: Home or Business
 (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 New York State DMV ID Number (Driver or Non-Driver ID)

(Leave this blank if you do not have a New York State DMV ID Number)

8 New York State Licensed Clinical Social Worker License Number: _____

9 Date of award of Graduate Social Work Degree: ____ / ____ / ____
 mo. day yr.

10 Give any other names by which you have been known: _____

11 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. **This form must be signed and dated in the presence of a Notary Public.**

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

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

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.