

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

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

All applicants for the psychotherapy privilege must complete this form and submit it with the \$100 fee for the psychotherapy privilege directly to the Office of the Professions at the address at the end of this form. You must sign and date the attestation on this form in the presence of a Notary Public.

1.	73	\$100	PS
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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 email 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

6. Telephone/Email Address

Daytime Phone Email Address (please print clearly)
 Home or Business Home or Business

Area Code Phone

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 LCSW license number M.S.W. degree date
Date LCSW license issued Date registration ends
mo. day yr. mo. day yr.

9. **Attestation**

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 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

Date

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's Signature

Notary ID number

Expiration Date

Notary Stamp

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 Post-LCSW Supervised Experience (Form 6SWPR) 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 supervisor must be a

- 1. licensed clinical social worker with the "R" privilege;
- 2. a licensed psychologist; or
- 3. a licensed physician who is a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Inc. or had equivalent training and experience as determined by the Department.

The experience must be completed in an authorized setting, as defined in the Education Law and Part 74.5 of the Commissioner's Regulations. You can access more information about qualified supervisors in the SWPR Appendix A.

A Plan For Post-LCSW Supervised Experience (Form 6SWPR) must be submitted by the supervisor for review and approval by the State Board. Your Form 6SWPR will not be reviewed unless you have already submitted a 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, U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.