

**Licensed Clinical Social Worker Psychotherapy "R" Privilege
Form 4SWPR
Certification of Experience 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
www.op.nysed.gov

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for LCSW Psychotherapy "R" Privilege (Form 1SWPR). Be sure to sign and date item 8.
2. Send the entire form along with a copy of Appendix A to your supervisor (LCSW with the "R" privilege, licensed psychologist or psychiatrist. If your supervisor is unavailable, you must provide the supervisor's qualifications and your experience may be verified by a licensed colleague) 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 the form. **This form will not be accepted if submitted by the applicant. Note: If the experience being certified on this form was completed outside New York State, you must also have a Form 4Q submitted by this supervisor.**

Section I - Applicant Information

1. Social Security Number <i>(Leave this blank if you do not have a U.S. Social Security Number)</i>	2. Birth Date	Month	Day	Year
3. Print Your Name Exactly As It Appears On Your Application for LCSW Psychotherapy "R" Privilege (Form 1SWPR)				
Last				
First				
Middle				
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				
5. Telephone/Email Address		Email Address (please print clearly)		
Daytime Phone				
Area Code	Phone	_____		
6. New York State LCSW license number		M.S.W. degree date		
		mo. day yr.		
Date LCSW license issued		Date registration ends		
mo. day yr.		mo. day yr.		
7. You must complete a total of 2,400 client contact hours and 36 months of experience with no less than 400 client contact hours per year after licensure as a LCSW. The supervisor must be qualified, as defined in section 74.5 of the Commissioner's Regulations.				
Name of clinical supervisor _____				
Name of setting _____				
Setting address _____				
Experience completed in NYS after January 1, 2011 must be under a plan previously approved by the State Board. Attach a copy of the Board's approval letter for this supervisor.				
8. 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 _____				Date _____

Section II - Supervisor's Certification of Supervised Experience for Psychotherapy "R" Privilege

Instructions to Supervisor: Read the attached Appendix A and complete all of Section II. Be sure to sign the affidavit 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.

1. Name of the applicant _____
(see Section I, item 3)

2. Supervisor name _____

I am licensed and currently registered to practice in New York State as a (check all that apply)

- Licensed Clinical Social Worker with "R" Privilege License number _____ License date _____
mo. day yr.
- Licensed Psychologist License number _____ License date _____
mo. day yr.
- Licensed Psychiatrist License number _____ License date _____
mo. day yr.

Are you ABPN certified in psychiatry? Yes No If "yes", ABPN certificate number _____

3. Please identify the employment setting below and attach the operating certificate, NYSED waiver or certificate of incorporation that authorizes the entity to employ LCSWs.

Agency/Practice Name _____

Type of Setting (check one)

- Private practice owned by LCSW (the applicant)
- Private practice owned by supervisor (LCSW with "R" privilege, 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 Corrections and Community Supervision (DOCCS), 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 waiver and certificate of incorporation)
- Other (describe) _____

Agency/Practice address _____

Agency/Practice Phone _____ Fax _____ Email _____

Agency/Practice web site _____

Total number of supervised client contact hours of psychotherapy by the applicant at this Agency/Practice _____

Applicant was supervised from _____ to _____
mo. day yr. mo. day yr.

4. Was the supervised experience for the above named applicant completed outside of New York State? Yes No

Attestation

I hereby certify that I have read Appendix A and that I meet the requirements to supervise a LCSW practicing psychotherapy. I understand that the information above will be used to review the applicant's experience, all answers given are truthful and accurate to the best of my ability.

Supervisor Signature _____

Date _____

Print Name _____

Address _____

Telephone _____ Fax _____

Email _____

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.