

Section II: Supervisor's Verification of Experience

Instructions For Completing Section II: Please complete 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 and the psychotherapy log, the supervisor is certifying that the person named in Section I received 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 provided diagnosis and psychotherapy services under your supervision:

Name of facility: _____

Address: _____

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

- Private practice owned by applicant. (LCSW)
- Private practice owned by the supervisor. (LCSW-R, Licensed Psychologist or Psychiatrist)
- Program approved by 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 Correction Services, State Office for the Aging, Department of Health, or local social service or mental hygiene district. (Attach copy of operating certificate)
- Professional entity registered with the New York State State Education Department and authorized to provide psychotherapy and/or clinical social work services. (Attach certificate of incorporation)
- Not-for-Profit or educational corporation authorized by a waiver issued by the State Education Department. (Attach copy of authorization.)
- Enrollment in a psychotherapy program in an institution of higher education, 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 Regents Charter)
- Other entity authorized under law to employ licensed professionals and provide services. (Attach copy of certificate of incorporation)

You must initial each section to verify the applicant was appropriately supervised:

_____ Education Law and Commissioner's Regulations define acceptable experience as at least 400 client contact hours per year in diagnosis and psychotherapy. Failure to provide appropriate supervision could result in charges of unprofessional conduct against the licensed supervisor.

_____ Acceptable supervision is defined as the applicant apprising the supervisor of the diagnosis and treatment of each client, cases are discussed, the supervisor provides oversight and guidance to the applicant in diagnosis and treatment, the supervisor reviews and evaluates the applicant's work and provides the minimum hours of supervision each month, that is:

- Two hours/month of individual, group consultation; or
- Enrollment in a program of psychology offered by an institutions of higher education or psychotherapy institute chartered by the Board of Regents (Name: _____)

_____ A record of client contact hours and supervision has been completed and retained by the supervisor.

Indicate the number of client contact hours of psychotherapy provided over the period below: _____

Applicant was supervised from: _____ / _____ / _____ to _____ / _____ / _____ (no later than today's date)
mo. day yr. mo. day yr.

Section II: Supervisor's Verification of Experience (Continued)

Attestation of Supervisor or Licensed Colleague

NOTE: If you are a licensed colleague attesting to the supervision provided by a qualified supervisor who is not available, and the experience has been completed, you must provide in section II, item 2 of this form:

- the name and qualifications of the supervisor;
- the client contact hours in psychotherapy provided during the supervised experience;
- the dates of supervision provided to the applicant; and
- the frequency and type of supervision sessions.

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the professional experience of the individual named in Section I of this form and that I have read Appendix A and that the experience meets the requirements for the psychotherapy privilege issued by the New York State Education Department. **This form must be signed and dated in the presence of a Notary Public.**

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

Print name: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Licensed as: _____

Licensed in the State of: _____

License number: _____

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, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000

