

Licensed Clinical Social Worker Psychotherapy "R" Privilege Form 6SWPR Plan for Post-LCSW Supervised Experience in New York State

A Licensed Clinical Social Worker (LCSW) seeking the "R" privilege must be registered to practice in New York State, under the supervision of a Licensed Clinical Social Worker (LCSW) with the "R" privilege, licensed psychologist or psychiatrist who meets the requirements of section 74.5 of the Commissioner's Regulations in an acceptable setting as defined in section 74.5.

Prior to starting your supervised experience, you can verify the license status of your proposed supervisor on the Office of the Professions' web site at www.op.nysed.gov/opsearches.htm. This form must be submitted prior to being employed or supervised by your proposed supervisor. This form will not be reviewed if submitted after the supervised experience has been completed.

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 9. Use the included 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 all pages of the 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.**

Section I: Applicant Information

1. Social Security Number 2. Birth Date Month Day Year
(Leave this blank if you do not have a U.S. Social Security Number)
3. Print Name Last
First
Middle
5. Telephone/Email Address
Daytime Phone
 Home or Business

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.

4. Mailing Address Home or Business
(You must notify the Department within 30 days of any address or name changes)
Line 1 _____
Line 2 _____
Line 3 _____
City _____
State _____ ZIP Code _____
Country/
Province _____
- Area Code _____ Phone _____
Email Address (please print clearly)
 Home or Business
6. 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)

7. New York State LCSW license number _____ M.S.W. degree date _____
Date LCSW license issued _____ Date registration ends _____
mo. day yr. mo. day yr.

8. You must complete 2,400 client contact hours of post-LCSW supervised experience in psychotherapy over a period of at least 36 months with a minimum of 400 client contact hours per year. You must be supervised by a licensed clinical social worker with the "R" privilege, licensed psychologist or psychiatrist who meets the requirements of section 74.5 of the Commissioner's Regulations in an acceptable setting as defined in section 74.5.

Name of proposed supervisor _____
Name of setting _____
Setting address _____

9. 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.

Signature _____ Date _____

Section II: Supervisor's Verification of Plan for Experience

Instructions to the Registrar: 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. By completing Section II, the supervisor is certifying that the person named in Section I will receive supervision that meets the requirements as defined in Education Law and the Commissioner's Regulations.

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)

<input type="checkbox"/> Licensed Clinical Social Worker with "R" Privilege	License number _____	License date _____
		mo. day yr.
<input type="checkbox"/> Licensed Psychologist	License number _____	License date _____
		mo. day yr.
<input type="checkbox"/> 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 incorporation)
- Program or service approved by the New York State Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), Office of Addiction Services and Supports (OASAS), Office of Children & Family Services (OCFS), Department of Corrections and Community Supervision (DOCCS), State Office for the Aging, Department of Health or local social service or mental hygiene district (attach operating certificate)
- Elementary, middle, high school or college authorized to provide psychotherapy services to students (attach copy of authorization)
- Psychotherapy institute chartered by Board of Regents and authorized to provide psychotherapy to the public (attach copy of Regents Charter)
- Not-for-profit or other entity authorized by waiver from the State Education Department to employ licensed professionals and provide services (attach 6503-a or 6503-b waiver and certificate of incorporation)
- Other (describe) _____

Agency/Practice address _____

Agency/Practice Phone _____ Fax _____ Email _____

Agency/Practice web site _____

Attestation

I hereby certify that I have read Appendix A and that I meet the requirements to supervise a LCSW practicing clinical social work. 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, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Licensed Clinical Social Worker Psychotherapy "R" Privilege, Appendix A, Requirements for Supervised Experience LCSW

- An applicant for the psychotherapy privilege must be licensed and registered as a Licensed Clinical Social Worker (LCSW) in New York State and must document the completion of 36 months of supervised experience in psychotherapy as defined in section 74.5(b) of the Commissioner's Regulations, acceptable to the Department. The supervised experience must be after the individual was licensed as an LCSW.
- A total of 36 months and 2,400 hours of direct client contact in psychotherapy is required. The LCSW must complete a minimum of 400 client contact hours in any 12-month period. Part-time experience will increase the time to complete the required hours.
- A client contact hour is defined as at least 45 minutes of psychotherapy with individuals, families or groups. An applicant may combine sessions of less than 45 minutes to calculate the client hours if clinically appropriate, as determined by the supervisor. Concrete social work services, including collateral contacts, record-keeping, case management, and other activities are not considered the practice of psychotherapy and may not be considered in the calculation of client contact hours.

Qualified Supervisor

The experience must be supervised by an individual who is a(n):

- LCSW with the "R" privilege in New York State or the equivalent as determined by the Department, equivalent meaning the supervisor has his or her own 3 years of supervised, post license experience; 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 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.

The Department will review the qualifications of a prospective supervisor prior to the experience as part of the plan review. Approval of a supervisor does not guarantee approval of the applicant's experience which must be completed in accordance with Part 74.5 of the Commissioner's Regulations.

Supervision Sessions

The supervision must meet the following requirements:

- individual or group consultation of no less than two hours per month; or
- 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.

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 defined as:

- A practice owned or operated by the applicant;
- 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 psychotherapy;
- A professional partnership owned by licensees who provide services that include psychotherapy;
- A professional service corporation, registered limited liability partnership or professional service limited liability corporation that is owned by a licensed clinical social worker with the "R" privilege, licensed psychologist or licensed physician who is competent in psychiatry;
- A program or service approved by the New York State Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), Office Addiction Services and Supports (OASAS), Office of Children & Family Services (OCFS), Department of Corrections and Community Supervision (DOCCS), Department of Health (DOH), State Office for the Aging, or local social service or mental hygiene district (attach operating certificate);
- A program or facility authorized under federal law, such as the Veterans' Administration, to provide health services including clinical social work;
- 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 otherwise authorized under New York Law.

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.

Psychotherapy Log

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

Page

Applicant name _____ Supervisor name _____

of _____

Week starting date for psychotherapy (mo./day/yr.)			Client Contact Hours/Week*	Applicant Initials	Supervision Type (Individual or Group)**	Supervision Hours**	Supervisor Initials
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*Client contact hour = 45 minutes of psychotherapy (shorter sessions may be combined)
**Supervision = at least 2 hours/month of individual or of group supervision from a Regents chartered psychotherapy program acceptable to the State Education Department