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

# Marriage and Family Therapist Form 5CS **Certification of Supervisor for Limited Permit**

Use this form ONLY if you are applying/have applied for a New York State Limited Permit as a Marriage and Family Therapist online.

### **Applicant Instructions**

- Complete Section I. Give your supervisor a copy of Appendix A and have them complete Section II. It is your responsibility to ensure your supervisor fully completes Section II. Failure to complete this form will delay its review. Submit the completed certification to the Office of the Professions as directed at the end of the form.
- If you change supervisors or have additional settings or supervisors after a permit is issued, you must obtain an amended permit. Complete the online Limited Permit Change Form application (https://eservices.nysed.gov/professions/wf/limited-permit-change) and submit a Form 5CS for each new prospective supervisor. A new fee is not required for a permit issued as a result of a change in supervisor or setting.

Section I: Applica	nt information					
Social Security     (Leave this blank	/ Number k if you do not have a U.S. Social s	2. Security Number)	Birth Date	Month	Day	Year
3. Print Name	Last					
	First					
	Middle					
4. I am applying t	for Original Permit Additional Setting Change of Setting* olying for a change of setting or	[ [ supervisor, please indica	Change of	Supervisor f Supervisor and/or supe	-*	celled.
Section II: Superv	isor's Certification					
requirements. The	ay be issued to an applicant wh permit is valid for two years, an ant may not be employed until	nd may be extended, at th	e discretion of			
required. This doc	py of the operating certificat cument authorizes the propo the Education Law.					
I am licensed and o	currently registered to practice	in New York State as a:	Marria	ige and Fan	nily Therapist	Physician
Physician Assis	stant Registered Profe	essional Nurse L	icensed Clinic	al Social W	orker Psy	ychologist
Nurse Practition	ner in (specialty)	_				
New York State Lic	ense number	Date licen	sed			
Registration Expira			mo. da	ay yr.		
Employer (Employ	er and practice site must be lo	cated in New York State.)	:			
Business Name		(2)				
		(Spell or	ut/No abbrevia	tion)		
Business Address			Street			
		City			State	e Zip Code
-	Telephone	Fax			Email	
Marriage and Fam	ily Theranist Form 509 Pag	a 4 of 2 Pay 2/22				

Section II: Supervisor's Certification (con	tinued)							
Setting in New York State where supervis	ed experience will take place (if different th	an employer):						
Setting Name								
	(Spell out/No abbreviation	n)						
etting Address								
	City	State	Zip Code					
	Fax  rvised experience is to take place. Be sure to with the application. Failure to provide this inf							
application. (Check one):		·						
	sure to attach a copy of the Operating Certifica							
	<b>ital Disabilities (OPWDD).</b> Be sure to attach a		<del>2</del> .					
Office of Addiction Services and S	upports (OASAS). Be sure to attach a copy o	f the Operating Certificate.						
Department of Health (DOH). Be su	re to attach a copy of the Operating Certificate	).						
Office of Children & Family Service	Office of Children & Family Services (OCFS). Be sure to attach a copy of the Operating Certificate.							
Department of Corrections and Community Supervision (DOCCS). Be sure to attach a copy of the Operating Certificate.								
State Office for the Aging. Be sure	to attach a copy of the Operating Certificate.							
Not-for-profit, religious, or educati to attach a copy of the Corporate Wa	onal entity issued a corporate waiver by the iver Certificate.	e New York State Education De	partment. Be sure					
Psychotherapy Institute chartered the Corporate Waiver Certificate.	by the New York State Education Departme	ent Board of Regents. Be sure to	o attach a copy of					
	nder Federal Law to provide services that an copy of the Authorization letter verifying the pro		of marriage and					
	Public health agency or setting approved under the Mental Hygiene Law or a local social services district. Be sure to attach a copy of the Authorization letter verifying the provision of professional services.							
	College and University Counseling Centers. Be sure to attach a copy of the Authorization letter verifying the provision of professional counseling services to students.							
	ical social worker, psychologist, or marriago attach a copy of the Certificate of Incorporation		_C, PLLP) (not					
Office of a professional licensed to the applicant). No attachment require	practice marriage and family therapy as a red.	sole proprietor not incorporate	ed (not owned by					
Attestation								
	egoing certification are true, complete and corr cause for denial of permit and licensure and di							
Supervisor Signature		 Date						
Print Name								
Address								
Telephone Fax	Email							

# Submitting this form

Upload this form in your online limited permit application. If you have already submitted your online limited permit application, upload this form to: <a href="https://eservices.nysed.gov/professions/wf/document">https://eservices.nysed.gov/professions/wf/document</a>. You will need the Application ID of your limited permit submission that was emailed to you and your date of birth. **Or,** you can mail this form along with any required documentation to: New York State Education Department, Office of the Professions, Marriage and Family Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000

## Appendix A, Requirements for Supervised Experience for Licensure as a Marriage and Family Therapist

The experience requirement for licensure as a Marriage and Family Therapist requires completion of a supervised clinical experience of at least 1,500 client contact hours providing Marriage and Family Therapy in a setting acceptable to the Department. Applicants who meet the education requirement for licensure by completing a master's or doctoral program registered by the Department as licensure qualifying or a program that the Department determines is equivalent may use client contact clock hours completed as part of the program and/or after to meet this requirement. Applicants who meet the education requirement for licensure by completing a graduate degree program in an allied mental health field and additional graduate level coursework, if needed, must obtain the supervised experience after completion of the graduate degree program in the allied mental health field. All experience must be documented on Form 4B.

The supervised experience and practice under a limited permit must meet the following supervision and setting requirements.

#### Supervision of Experience

The supervisor must be licensed and registered in New York State as a Marriage and Family Therapist, physician, physician assistant, psychologist, licensed clinical social worker, or registered professional nurse or nurse practitioner and competent in Marriage and Family Therapy for experience completed in New York State. A supervisor in another jurisdiction must have the equivalent qualifications as determined by the Department.

An applicant must obtain experience for licensure while under the general supervision of a qualified supervisor. General supervision means that a qualified supervisor is available for consultation, assessment and evaluation when professional services are being rendered by an applicant and the supervisor exercises the degree of supervision appropriate to the circumstances.

The supervisor must provide at least one hour per week or four hours per month of in-person individual or group supervision where the supervisor:

- reviews the applicant's assessment, evaluation and treatment of each client under his or her general supervision; and
- provides oversight, guidance and direction to the applicant in developing skills as a Marriage and Family Therapist.

In addition, the supervisor is responsible for appropriate oversight of all services provided by a limited permit holder under his or her general supervision. **No supervisor can supervise more than five limited permit holders.** The supervisor must not have a personal relationship with, or be related to, the applicant.

#### **Setting for Experience**

An acceptable setting is defined in the Commissioner's Regulations as:

- i. a professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of Marriage and Family Therapy;
- ii. a sole proprietorship owned by a licensee who provide services that are within the scope of his or her profession and services that are within the scope of practice of Marriage and Family Therapy;
- iii. a professional partnership owned by licensees who provide services that are within the scope of practice of Marriage and Family Therapy;
- iv. a hospital or clinic authorized under Article 28 of the Public Health Law to provide services that are within the scope of practice of Marriage and Family Therapy;
- v. a program or facility authorized under the Mental Hygiene Law to provide services that are within the scope of practice of Marriage and Family Therapy;
- vi. a program or facility authorized under Federal Law to provide services that are within the scope of practice of Marriage and Family Therapy;
- vii. an entity defined as exempt from the licensing requirements or otherwise authorized under New York State law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of Marriage and Family Therapy.

The setting where the experience is gained is responsible for the services provided by individuals gaining experience for licensure. The setting is also responsible for providing adequate supervision to such individuals and for assigning a qualified supervisor, as defined in this section, to individuals gaining experience for licensure.

The practice of Marriage and Family Therapy is defined in Education Law as:

- the assessment and treatment of nervous and mental disorders, whether affective, cognitive or behavioral, which results in dysfunctional interpersonal family relationships including, but not limited to familial relationships, marital/couple relationships, parent child relationships, pre-marital and other personal relationships;
- the use of mental health counseling, psychotherapy and therapeutic techniques to evaluate and treat marital, relational, and family systems, and individuals in relationship to these systems;
- use of mental health counseling and psychotherapeutic techniques to treat mental, emotional and behavioral disorders and ailments within the context of marital, relational and family systems to prevent and ameliorate dysfunction; and
- use of assessment instruments and mental health counseling and psychotherapy to identify and evaluate dysfunctions and disorders for purposes of providing appropriate marriage and family therapy services.

All 1,500 client contact hours of such required experience, or 100% of the hours in any setting shall consist of direct, client contact in the practice of Marriage and Family Therapy.