

Request for Additional Setting

This form **must** be submitted for each additional setting at which the entity will provide professional services under the waiver authorized by section 6503-a of the Education Law. The waiver certificate must be displayed at the setting where services are provided to the public.

1. Name of the entity seeking a waiver of corporate practice prohibitions:

2. Additional site where professional services will be provided in New York:

Program name: _____

Address: _____

Telephone: _____ E-mail: _____

Initial site registration

Addition or change in site registration

Deletion of site registration

3. Contact person to clarify information provided on this application:

Name: _____

Telephone: _____ Fax: _____

E-mail: _____

Attestation

The undersigned affirms under penalty of perjury that the answers and statements he/she has made in the above application are true and have been made and given with the intent of having the New York State Education Department and the Office of the Professions rely on the truth thereof. The site listed on this application is under the authority of the waiver issued by the Office of the Professions and subject to the same provisions as authorized under the waiver.

Signature of authorized representative

Date

Print name of authorized representative

Title: _____

Telephone: _____ E-mail: _____

Mail this form to: The State Board for Social Work, NYSED, 89 Washington Ave., 2nd Floor, Albany, NY 12234-1000