

Application for Waiver

This application must be submitted by an entity that is seeking a waiver of the corporate practice prohibitions under section 6503-a of the Education Law. The application will not be deemed complete until all the information required in this application and a Moral Character Attestation of Director, Trustee or Officer (Form CE-1) for each director, trustee and officer of the entity have been submitted to the State Board. Please note that you must submit a Request for Additional Setting (Form CE-2) for each site at which professional services are provided.

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

2. Primary address of the entity seeking a waiver:

Street and Number: _____

City: _____

County: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Web site: _____

Federal Employer ID Number: _____ State Employer ID Number: _____

Note: A waiver certificate must be issued for each setting at which the entity provides professional services. If services are provided at a setting other than the address above, you must complete and submit the Request for Additional Setting Form (CE-2).

Please check one: Initial application for waiver under 6503-a Revised/updated application for waiver

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

Name: _____

Telephone: _____ Fax: _____ E-mail: _____

4. Is the entity filed with the NYS Department of State?

Yes No If yes, provide name on file: _____

5. On what date was the entity formed under the Not-for-Profit, Religious, or Education Corporations Law?

____ / ____ / ____
mo. day yr.

(Note: Entity established after 6/18/2010 may be asked to submit additional information regarding the need for services.)

6. **Trade name or assumed name of firm, if any** (only assumed names registered with the County Clerk or NYS Department of State are acceptable)

7. **Please indicate the type of ownership for the entity:**

- Education Corporation (pursuant to 216 of Education Law)
- Not-for-Profit Corporation (pursuant to Article 4 of the Not-For-Profit Corporation Law)
- Religious Corporation (not otherwise authorized under Not-for-Profit Corporation or Education Laws)

You must include with this application the educational charter, certificate of incorporation, or other documentation that authorizes the entity to provide services in the **professions identified in Item 10**.

8. **Please indicate any other State in which the entity provides services:**

9. **Has the entity ever been known by any other name(s)?**

- Yes No

If yes, please indicate the former names and the reason for changing: _____

10. **Professional Services to be Offered by Qualified Individuals**

Indicate below the profession(s) in which the entity will provide services that are restricted under Articles 153, 154, 163 and 167 of the Education Law through the use of licensed professionals, permit holders or interns under supervision, or other exempt individuals.

Note: this waiver only authorizes the provision of services identified here. You can access the scope of practice for each profession in the Education Law at www.op.nysed.gov.

- Applied Behavior Analysis
- Licensed Clinical Social Work
- Licensed Creative Arts Therapy
- Licensed Marriage & Family Therapy
- Licensed Master Social Work
- Licensed Mental Health Counseling
- Licensed Psychoanalysis
- Psychology

11a. **Has any contract, license or operating certificate issued to this entity by a New York State, federal or local government unit (e.g., the NYS Office of Mental Health (OMH), NYS Office for People with Developmental Disabilities (OPWDD), NYS Office of Alcoholism and Substance Abuse Services (OASAS), NYS Office of Children and Family Services (OCFS), NYS Department of Health (DOH), NYS Department of Correctional Services (DOCS), NYS Office for the Aging (SOFA), Veterans' Administration, local mental hygiene district or local social services district) ever been revoked, suspended or annulled?**
(If yes, please attach explanation)

- Yes No

11b. **Is any program or service operated by the entity currently under review, investigation or suspension by a New York State, federal or local government unit (e.g., the NYS Office of Mental Health (OMH), NYS Office for People with Developmental Disabilities (OPWDD), NYS Office of Alcoholism and Substance Abuse Services (OASAS), NYS Office of Children and Family Services (OCFS), NYS Department of Health (DOH), NYS Department of Correctional Services (DOCS), NYS Office for the Aging (SOFA), Veterans' Administration, local mental hygiene district or local social services district)?**
(If yes, please attach explanation)

- Yes No

12. Give full name and preferred contact (home or business) information for each corporate officer, trustee and director. (Use additional sheets if necessary.):

Full name: _____ Title: _____

Preferred address: _____

Preferred telephone: _____ Preferred e-mail: _____

Full name: _____ Title: _____

Preferred address: _____

Preferred telephone: _____ Preferred e-mail: _____

Full name: _____ Title: _____

Preferred address: _____

Preferred telephone: _____ Preferred e-mail: _____

Full name: _____ Title: _____

Preferred address: _____

Preferred telephone: _____ Preferred e-mail: _____

Full name: _____ Title: _____

Address: _____

Telephone: _____ E-mail: _____

Full name: _____ Title: _____

Preferred address: _____

Preferred telephone: _____ Preferred e-mail: _____

Full name: _____ Title: _____

Preferred address: _____

Preferred telephone: _____ Preferred 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.

In addition, I affirm the following:

- I am authorized (COO, CFO, CEO or other person) to act on behalf of the entity named in this application;
- The entity will notify the State Education Department and State Board of Social Work within 60 days of any change in the information provided in this application, including but not limited to, the names and terms of officers, trustees and directors, site(s) at which professional services are provided and the person responsible for filing the waiver application on behalf of the entity or the contact information for such persons;
- Additional information that is requested by the Education Department to complete the evaluation of this application will be provided within a reasonable period of time, as determined by the Department and failure to provide the requested information will result in the denial of the waiver application;
- The entity will request a waiver certificate for each setting at which the entity provides professional services in New York;
- The willful failure to display the waiver certificate at each site shall be subject to the penalties set forth in section 6511 of the Education Law;
- An entity that receives a waiver certificate is subject to oversight by the Board of Regents and to the disciplinary procedures and penalties set forth in subarticle 3 of Article 130 of the Education Law and may be charged with unprofessional conduct as defined in the Education Law and Part 29 of the Regents Rules;
- An entity that receives a waiver certificate that is found guilty of unprofessional conduct, as provided in Part 29.18 of the Regents Rules, is subject to the penalties and fines authorized in section 6511 of the Education Law.
- The entity will ensure that adequate professional staff is employed by the entity or under contract to the entity, in accordance with applicable laws and regulations, available to provide professional services;
- The entity will verify the license, limited permit or other authorization of individuals and professional corporations that provide services restricted under Title VIII of the Education Law as employees of or on behalf of the entity;
- Only an individual licensed and registered to practice under Title VIII of the Education Law, or a limited permit holder, student intern, or resident under supervision of a licensed professional, or an individual otherwise exempt, will provide services that are restricted under Title VIII of the Education Law;
- The entity will not provide professional services in any profession other than those authorized under law;
- A student, intern or permit holder or any individual who is only authorized to practice under supervision will be provided with the appropriate supervision, as defined in Title VIII of the Education Law and Commissioner's Regulations;
- The entity will maintain a record for each patient which accurately reflects the evaluation and treatment of the patient and the entity will comply with section 18 of the Public Health Law in relation to patient access to records;
- The entity will maintain in a secure manner the patient records for at least six years or, in the case of a minor patient, for at least six year and until one year after the minor patient reaches the age of 21 years; and
- The entity has and will maintain adequate fiscal and financial resources to provide services, as authorized under the law.

Signature of authorized representative

Date

Print name of authorized representative

Title: _____

Telephone: _____ E-mail: _____

Mail this form with:

1. certificate of incorporation or charter that authorizes the provision of services
2. a Moral Character Attestation of Director, Trustee or Officer (Form CE-1) for each director and officer identified in Question 12
3. a Request for Additional Setting (Form CE-2) (if appropriate)
4. a copy of the certificate of good standing from the Department of State, County Clerk or New York State Education Department
5. a copy of revocation, suspension, notice of investigation, or other action by an authorizing agency (questions 11a and 11b), if appropriate.

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