

Licensed Clinical Social Worker Psychotherapy "R" Privilege Form 1SWPR

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

Department Use Only

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Date Approved

Initials

Application for Licensed Clinical Social Worker Psychotherapy "R" Privilege

2 Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)

3 Birth Date Month Day Year

4 Print Name as It Appears on Your Application for Licensure (Form 1)

Last
First
Middle

5 Mailing Address (You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/Province

6 Telephone/E-Mail Address

Daytime phone
Area Code Phone

E-mail Address (please print clearly)

If we may discuss your licensure using this e-mail address, please check this box.

7 New York State Licensed Clinical Social Worker License Number: _____

8 Date of award of Graduate Social Work Degree: ____/____/____
mo. day yr.

9 Give any other names by which you have been known: _____

