

**4410/EI Corporation
Form SE**

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

Application for Waiver

This application must be submitted by an entity that is seeking a waiver of the corporate practice prohibitions under section 6503-b of the Education Law. Complete this form and submit it with the \$345 fee and **all other** required information to the Office of the Professions at the address at the end of the form. You **must** attach a Moral Character Attestation (Form SE-1) for every director, officer, trustee, shareholder or member listed in item 13, **this application will not be deemed complete without it**. Please note that you must also submit a Request for Additional Setting (Form SE-2) for each site at which professional services are provided.

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Approved

1. **Legal name of the entity seeking a waiver:** _____

2. **Primary address of the entity:**

Street and Number: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Web site: _____

Federal Employer ID Number (EIN): _____ State Employer ID Number (EIN): _____

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 SE-2).

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

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

Name: _____

Telephone: _____ Fax: _____

E-mail: _____

4. **Please indicate if you are applying for a waiver for a Special Education School authorized by the Education Department (NYSED) or an Early Intervention Agency Provider, authorized by the Department of Health (NYSDOH).** You must attach a copy of the authorization letter from the appropriate agency. Early Intervention Agency Providers must provide a copy of a recent provider profile issued by NYSDOH.

Check one or both: Special Education School Early Intervention Provider Agency

Fees: You must include a check or money order for \$345 for the application and registration of a special education school or early intervention provider. If you are applying for both programs, you only need to pay \$345.

5. **Is the entity filed with the NYS Department of State?**

Yes No If yes, provide name on file: _____

6. **Assumed name of entity, 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)
- Business Corporation
- Limited Liability Company

You must indicate the name of each director, officer, trustee, shareholder or member of the corporate entity in item 13 with the preferred contact information for each.

8. Please indicate any other state or jurisdiction 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 evaluations and services that are restricted under Title VIII of the Education Law through the use of licensed professionals, permit holders or interns under supervision, or other exempt individuals. The licensed professional may be employed by the entity or the entity may contract with a professional corporation.

Note: This waiver only authorizes the provision of services identified here and, where required by law, individuals must be supervised. You can access the scope of practice for each profession in the Education Law at www.op.nysed.gov.

- Applied Behavior Analysis (includes Licensed Behavior Analyst and Certified Behavior Analyst Assistant)
- Audiology / Speech-Language Pathology
- Licensed Clinical Social Work
- Licensed Creative Arts Therapy
- Licensed Master Social Work
- Licensed Mental Health Counseling
- Medicine (Physician, Physician Assistant., Specialist Assistant)
- Nursing (RN, Nurse Practitioner or Licensed Practical Nurse)
- Occupational Therapy (includes Occupational Therapy Assistant)
- Optometry
- Physical Therapy (includes Physical Therapist Assistant)
- Psychology
- Other: _____

Will the entity contract with a professional services corporation or PLLC to provide the services above? Yes No

If yes, please include name of professional entity: _____

Will the entity contract with or employ licensed professionals to provide the services above? Yes No

11. Has any contract, license or operating certificate or approval issued to this entity by a New York State, federal or local government unit ever been revoked, suspended or annulled?

- Yes No (Please attach explanation and any relevant documents)

12. 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?

- Yes No (Please attach explanation and any relevant documents)

13. Give full name and requested information for each director, officer, trustee, shareholder or member of the corporate entity (use additional sheets if necessary) A Moral Character Attestation (Form SE-1) **must** be submitted with this form for each listed:

Full Name: _____ **Title:** _____

Preferred Address: _____

Preferred Telephone: _____ **E-mail:** _____

Full Name: _____ **Title:** _____

Preferred Address: _____

Preferred Telephone: _____ **E-mail:** _____

Full Name: _____ **Title:** _____

Preferred Address: _____

Preferred Telephone: _____ **E-mail:** _____

Full Name: _____ **Title:** _____

Preferred Address: _____

Preferred Telephone: _____ **E-mail:** _____

Full Name: _____ **Title:** _____

Preferred Address: _____

Preferred Telephone: _____ **E-mail:** _____

Full Name: _____ **Title:** _____

Preferred Address: _____

Preferred Telephone: _____ **E-mail:** _____

Full Name: _____ **Title:** _____

Preferred Address: _____

Preferred Telephone: _____ **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 Office of the Professions **within 30 days of any change of address and 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 sub-article 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 under Title VIII, will provide services that are restricted under Title VIII of the Education Law;
- Unless otherwise authorized by law, the school or agency will only provide professional services authorized under sub-section 6503-b of the Education 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 for the profession, 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 and any other laws;
- 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 years 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 a check or money order for \$345 payable to "New York State Education Department" and enclose the following:

1. Certificate of incorporation or charter that authorizes the provision of services;
2. A Moral Character Attestation (Form SE-1) for each director, officer, trustee, shareholder or member identified in item 13;
3. A Request for additional Setting (Form SE-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; and
5. A copy of revocation, suspension, notice of investigation or other action by an authorizing agency (items 11 and 12), if appropriate.

To: The New York State Education Department, Office of the Professions, Fee Unit, 89 Washington Avenue, Albany NY 12234-1000.

**4410/EI Corporation
Form SE-1**

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

Moral Character Attestation

This form **must** be completed by each individual who serves as a director, officer, trustee or is a shareholder or member of an entity that is applying for a waiver from the corporate practice prohibitions under section 6503-b of the Education Law. **Information submitted to the Department is maintained in a secure manner and is not subject to disclosure.**

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

2. Please provide preferred contact information for the director, officer, trustee, shareholder, or member completing this form:

Name: _____ Title: _____

Preferred Address: _____

Preferred Telephone: _____ E-mail: _____

Board term dates: From: _____ To: _____

If the entity is a business corporation or limited liability corporation, please indicate what percentage, if any, you hold:

3. Are you licensed in New York State to practice any profession established under Title VIII of the Education Law?

Yes No If yes, what profession: _____ License number: _____

4. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes No

5. Are criminal charges pending against you in any court? Yes No

6. If you are licensed under Title VIII, has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes No

7. If licensed, are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

8. Have you ever willfully failed to provide records to any State licensing authority or to Federal, State or Local law enforcement officials that are required by Federal, State or Local laws? Yes No

9. Have you ever held an interest or position in another entity that has had an operating certificate or authorization from a State or local government agency, or a waiver certificate under 6503-b of the Education Law revoked, suspended or denied? Yes No

Note: If you answer "Yes" to any questions numbered 4 through 9, submit a letter giving a complete explanation. Include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

Attestation

I affirm under penalties of perjury that, to the best of my knowledge, all statements made in this application are true.

Signature: _____ Date: _____

You must include this form with the entity's Application for Waiver (Form SE). The application will not be deemed complete and will delay the processing of the entity's application for a waiver.

**4410/EI Corporation
Form SE-2**

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

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-b 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: New York State Education Department, State Board for Social Work, 89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000