

Applied Behavior Analysis Form 5CS

Certification of Supervision for Limited Permit

Use this form **ONLY** if you are applying/have applied for a New York State Limited Permit as a Licensed Behavior Analyst or Certified Behavior Analyst Assistant online.

Applicant Instructions

1. Complete Section I. Have your prospective employer complete Section II. It is your responsibility to ensure your employer 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.
2. 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.

Check what you are applying for (check one): Licensed Behavior Analyst **71** Certified Behavior Analyst Assistant **78**

Section I: Applicant Information

1. Social Security Number _____ 2. Birth Date _____ Month _____ Day _____ Year _____
(Leave this blank if you do not have a U.S. Social Security Number)

3. Print Name Last _____
First _____
Middle _____

4. I am applying for Original Permit Renewal/Extension
 Additional Setting Additional Supervisor
 Change of Setting* Change of Supervisor*

*If you are applying for a change of setting or supervisor, please indicate the setting and/or supervisor being cancelled.

Section II: Certification of Supervision

For licensed behavior analysts, you must be a licensed behavior analyst or a person who is licensed or otherwise authorized to diagnose, prescribe or order applied behavior analysis services for the purpose of providing behavioral health treatment to persons with autism and autism spectrum disorders and related disorders. For certified behavior analyst assistants, you must be a licensed behavior analyst. The applicant may not practice applied behavior analysis until the limited permit is issued. Limited permits expire one year from the date of issue and may be renewed/extended for one additional year for good cause as determined by the Department.

Supervisor Instructions: Complete Section II to certify that the applicant will be supervised at the setting named below. **You must also give the applicant a copy of the operating certificate, corporate waiver certificate, authorization letter or certificate of incorporation if required. This document authorizes the proposed setting to employ licensed professionals and provide services that are restricted under Title VIII of the Education Law.**

Supervisor's Name _____

I am licensed and currently registered to practice in New York State as a:

Licensed Behavior Analyst Licensed Clinical Social Worker Psychologist Physician Nurse Practitioner

New York State License number _____ Date licensed _____ mo. _____ day _____ yr. Registration Expiration Date _____ mo. _____ day _____ yr.

Employer (All employers and practice sites of the permittee must be located in New York State.):

Business Name _____
(Spell out/No abbreviation)

Business Address _____
Street _____
City _____ State _____ Zip Code _____

Telephone _____

Fax _____

Email _____

Section II: Certification of Supervision (continued)

Setting in New York State where supervised experience will take place (if different than employer):

Setting Name _____
(Spell out/No abbreviation)

Setting Address _____
Street

_____ City _____ State _____ Zip Code

_____ Telephone _____ Fax _____ Email _____

Check the type of setting where the supervised experience is to take place. Be sure to give a copy of the required document to the applicant. This document **MUST** be included with the application. Failure to provide this information will delay the review of the limited permit application. (Check one):

- Office of Mental Health (OMH).** Be sure to attach a copy of the Operating Certificate.
- Office for People with Developmental Disabilities (OPWDD).** Be sure to attach a copy of the Operating Certificate.
- Office of Addiction Services and Supports (OASAS).** Be sure to attach a copy of the Operating Certificate.
- Department of Health (DOH).** Be sure to attach a copy of the Operating Certificate.
- Office of Children & Family Services (OCFS).** Be sure to attach a copy of the Operating Certificate.
- Not-for-profit, religious, or educational entity issued corporate waiver by the New York State Education Department.** Be sure to attach a copy of the Corporate Waiver Certificate.
- A federal, state, county or municipal agency or other political subdivision to provide services that are within the scope of practice of licensed behavior analysis.** Be sure to attach a copy of the Authorization letter verifying the provision of professional services.
- A Chartered elementary or secondary school or degree-granting institution.** Be sure to attach a copy of the Authorization letter verifying the provision of professional services.
- Office of a licensed physician, clinical social worker, psychologist, or licensed behavior analyst (PC, PLLC, PLLP) (not owned by the applicant).** Be sure to attach a copy of the Certificate of Incorporation.
- Office of a professional licensed to practice licensed licensed behavior analysis as a sole proprietor not incorporated (not owned by the applicant).** No attachment required.

Attestation

I declare that the statements made in the foregoing certification are true, complete and correct. Any false or misleading information in or in connection with this certification may be the cause for denial of permit and licensure and disciplinary action against my license and may result in criminal prosecution.

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: <https://eservices.nysed.gov/professions/wf/document>

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, Applied Behavior Analysis Unit, 89 Washington Avenue, Albany, NY 12234-1000