

# Mental Health Counseling Form 1-SB

## Application for Approval as a Continuing Education Provider for Licensed Mental Health Counselors

The University of the State of New York  
The State Education Department  
Office of the Professions  
Division of Professional Licensing Services

**Instructions:** Complete this application and submit the entire form, along with the \$900 application fee, and any required information to the Office of the Professions at the address at the end of the form. Make check or money order payable to the New York State Education Department (SED). By submitting this form, the organization agrees that this fee is for evaluation and consideration, not approval, of the application and is non-refundable. Applications must be submitted at least 90 days (45 days for a renewal application) prior to the date on which continuing education programs will begin. Note: When issued, approvals are for a three-year period.

18 \$900 VN

Check what you are applying for  Initial Application  Renewal Application (see page 4)

Courses will be offered to Licensed Mental Health Counselors

Name of Organization

Mailing Address

Contact Person

Contact's Email Address

Contact's Telephone Number

Public Telephone Number

Public Fax Number

Public Website

Public Email Address

Please indicate all professions this organization is authorized to provide continuing education programs in any profession within New York State and/or other jurisdictions of the United States.

Professions

Jurisdictions

Has any jurisdiction denied, restricted or terminated your authorization to provide continuing education?

Yes  No

If yes, please explain, identifying the jurisdiction and contact person (attach additional sheets if necessary).

Each item below is a standard for SED approval as a continuing education provider for mental health counselors as set forth in section 79-9.8(i) of the Regulations of the Commissioner of Education (Commissioner's Regulations). To demonstrate that the organization is in compliance with these standards, please provide the information requested below.

**Standard 1 - Organization. Applicant is an organized educational entity or entity that has expertise in the professional area being taught.**

1. The organization indicated on page 1 is (check one)
  - a national mental health counseling organization or other professional organization, including specialty boards
  - a New York State mental health counseling organization that is incorporated or otherwise organized in New York State
  - a national organization of jurisdictional boards of mental health counseling
  - a higher education institution that offers a graduate mental health counseling program or programs, as defined in Part 52.32 of the Commissioner's Regulations
  - a graduate school of mental health counseling, accredited by the Council for Accreditation of Counseling and Related Programs (CACREP)
  - a higher education institution in New York State or another jurisdiction that is accredited and offers graduate coursework that is directly related to mental health counseling practice
  - a psychotherapy institute chartered by the Board of Regents that offers coursework that is directly related to mental health counseling practice
  - an entity operated under an operating certificate issued in accordance with articles 16, 31 or 32 of the New York State Mental Hygiene Law
  - an entity, hospital, or health facility as defined in section 2801 of the New York State Public Health Law
  - None of the above but is (check all that apply and elaborate as necessary)
    - an individual with the expertise to provide continuing education to New York State mental health counselors
    - an organization desiring to provide continuing education to New York State mental health counselors
    - an organization that proposes to offer courses of learning or self-study programs
    - an organized educational entity with expertise in mental health counseling education and practice
    - an entity that employs licensed mental health counselors and possesses the expertise to offer courses/educational activities
2. Attach a copy of the charter or certificate of incorporation for the organization.
3. Attach a list of the names, titles, addresses, and email of the organization's officers, boards of directors/trustees; and, if applicable, principal stockholders.
4. Attach a statement describing the organization's primary purpose or mission.
5. Attach a description of any secondary purpose of the organization.
6. Attach a statement of the goals of the organization's continuing education program.

**Standard 2 - Courses/Educational Activities. Courses/educational activities must be offered in appropriate subject areas, as defined in law and regulation.**

Providers must offer courses/educational activities in the subject areas identified in section 79-9.8 (c)(2) of the Commissioner's Regulations, this includes providers of self-study programs.

Any continuing education designed for the sole purpose of personal development, marketing, business practices, and maximizing profits for the practice of a licensed mental health counselor will not be considered by SED as acceptable continuing education.

7. For initial applications, submit a course/educational activity description or a copy of a course/educational activity outline/program/ brochure for no more than five planned course/educational activities that includes:
  - a. its exact title
  - b. subject/topic of the course/educational activity
  - c. names and qualifications of the presenter(s) for each lecture or subject/topic
  - d. description of course/educational activity content
  - e. location, date and time
  - f. starting and ending times of each session or lecture
  - g. a description of the teaching methods to be used
  - h. the learning objectives of the course/educational activity
  - i. costs, refunds, and cancellation policies and
  - j. the length of the course/educational activity in contact hours.
8. Submit a description of the organization's procedures to identify, design, and evaluate course/educational activities before you offer them.
9. Submit a description of the organization's procedures and methods to evaluate the effectiveness and overall quality of your courses/ educational activities, including the role of participants in the evaluation process and the basis on which courses/educational activities are updated, modified or discontinued.

**Standard 3 - Instructors. Instructors are qualified to teach the courses/educational activities which will be offered.**

10. Attach a description of the organization's procedures and criteria for selecting instructors.
11. Attach a description of the organization's procedures and criteria for evaluating instructors' performance.
12. Provide a roster of full-time and part-time instructors, if applicable.
13. Provide a curriculum vitae or resume for each instructor that: (1) demonstrates his or her qualifications to conduct the course(s)/ educational activities; and (2) includes at least his or her: (a) name; (b) current employment title; (c) degree(s) earned, with name and location of institution, major, and date received; (d) licensure status (if applicable); (e) teaching experience; and (f) previous professional positions.
14. Provide job descriptions for instructors if specific instructors have not been identified for a particular course or educational activity.
15. Provide a roster of all full-time and part-time administrators, if applicable.

**Standard 4 - Assessment of Learning. Provider has a method of assessing the learning of participants.**

16. Attach a description of the organization's method(s) of assessing the learning of participants in courses/educational activities that: (1) are appropriate to the course/educational activity objectives and educational methods; and (2) measure the extent to which the course objectives were accomplished.
17. Attach a copy of course evaluation instrument by which participants will provide feedback and evaluate the course/educational activity and instructor.

**Standard 5 - Records. Provider must maintain records for at least six years from the date of completion of coursework/educational activity.**

18. Approved providers must create and maintain for at least six years the following records for each course or educational activity:
  - a. the date and location of the course/educational activity
  - b. the name and curriculum vitae of the instructor/presenter
  - c. the objectives and learning methods of the course/educational activity
  - d. the outline of the course/educational activity, the assessment methods used, and the number of contact hours of the course/ educational activity
  - e. a summary of any evaluation of the course/educational activity
  - f. copies of all promotional materials used in a course/educational activity
  - g. any evaluation of the need for the course/educational activity and
  - h. the list of licensed practitioners in attendance, including the profession(s) in which each is licensed.
19. Attach a description of the organization's policy and procedures to assure storage, confidentiality, and retrieval of records for a six year period.
20. Indicate the street address where the records will be accessible to SED and the name and contact information for the person responsible for providing such access to SED upon its request
21. Provide a sample copy of the certificate of completion/participation the organization will provide to each licensed practitioner who completes a course/educational activity. The certificate must include: (a) the organization's name; (b) the name of the participant; (c) the date and location of the course/educational activity; (d) the course/educational activity title; (e) the educational method used (e.g., lecture, self-study); (f) the number of contact hours; and (g) a statement indicating that the organization is recognized by SED's State Board for Mental Health Practitioners as an approved provider of continuing education for mental health counselors.
22. Submit a signed assurance that: (a) the records will be maintained for six years from the date each course/educational activity was offered; (b) the provider will grant the SED access to the records upon request; (c) the provider will respond to any SED inquiry regarding the records; and (d) the provider will notify SED if the address where the records are kept changes. In the event an approved provider discontinues operation, the governing body of such provider must notify the Department and transfer all records as directed by the Department.

**Standard 6 - Resources. Provider must have adequate resources to provide continuing education.**

23. Attach a description of the financial base upon which the organization's continuing activities are funded.
24. Attach a description of all physical resources (e.g., offices, buildings, etc.), administrative organization, employees, student services, and any other resources available to facilitate continuing education objectives.

**Renewal Application**

To renew the organization's approval as a provider of continuing education for mental health counselors, a renewal application must be submitted no less than 45 days prior to the expiration date of the organization's current approval. Please provide all of the information required in standards 1 through 6. Do not submit course/activities with the renewal. If there is no change in the information in any section, simply indicate "no change" in that section. Please do not send courses.

**Affirmation**

The undersigned hereby affirms under penalty of perjury that: I am an officer, director, agent or other person duly authorized to act on behalf of the entity applying for continuing education provider approval, and further, that the applying entity has complied with the requirements of section 79-9.8 of the Commissioner's Regulations. The applicant further agrees to provide SED with information regarding our organization and the courses/educational activities we offer and agrees to permit SED to conduct visits, as it may request to ensure compliance with those requirements. The applicant understands that approval, if granted, will be for a three-year period and may be renewed upon further application (including fee). The applicant also understand that approval, if granted, will be terminated if SED determines that the provider is not meeting the standards set forth in section 74.10 of the Commissioner's Regulations. The applicant has enclosed the required \$900 fee and agrees that this fee is for evaluation and consideration, not approval, of the application and is nonrefundable.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

**Return this form and the \$900 fee directly to:** New York State Education Department, Office of the Professions, New York State Board for Mental Health Practitioners, 89 Washington Avenue, Albany, NY 12234-1000. Make check or money order payable to the New York State Education Department.