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FORMS

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Additional Forms

FORM 1CE - Child Abuse Certification of Exemption Form
FORM AD/NAME - Address/Name Change Form

FOR FUTURE REFERENCE

IN THE EVENT OF AN EMERGENCY that impacts the licensed professions, the Office of the Professions will provide important information, specific to the situation, through our Web site (www.op.nysed.gov), our automated phone system (518-474-3817), and/or our regional offices. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).
Ways to reach us...

**✉ General Customer Service**
The Office of the Professions staff can be reached by calling 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at op4info@mail.nysed.gov.

**✉ On The World Wide Web**
Information about the Office of the Professions and the 48 licensed professions, including information on all licensees, is available on our home page at:

www.op.nysed.gov

**✉ License Application Status**
Find out the status of your license application by checking our Web site where your name is added immediately when a license number is issued, or contact:

NYS Education Department, Office of the Professions, Division of Professional Licensing Services
Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000
PHONE: 518-474-3817 ext. 592 FAX: 518-402-2323 E-MAIL: opunit5@mail.nysed.gov
Please include your name, the last 4 digits of your social security number, date of birth, and the name of the profession.

**✉ Verification of Education Credentials From Foreign or Non-Approved Programs**
If you have questions about documentation required to verify education completed outside the U.S. or in non-approved programs, contact:

New York State Education Department, Office of the Professions, Bureau of Comparative Education
89 Washington Avenue, Albany, New York 12234-1000
PHONE: 518-474-3817 ext. 300 FAX: 518-486-2966 E-MAIL: comped@mail.nysed.gov

**✉ Practice Issues**
For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions, State Board for Social Work
89 Washington Avenue, Albany, NY 12234-1000
PHONE: 518-474-3817 ext. 450 FAX: 518-486-2981 E-MAIL: swbd@mail.nysed.gov

Other Important Contact Information...

**License Examination**
Licensing Examinations for Social Work are prepared by the Association of Social Work Boards (ASWB). You may contact them at:

Association of Social Work Boards (ASWB)
P.O. Box 1508
Culpeper, VA 22701
PHONE: 888-579-3926 FAX: 540-829-0142 E-MAIL: info@aswb.org
WEB: www.aswb.org
GENERAL LICENSING INFORMATION

Please read this general licensing information for all professions before proceeding to the detailed instructions for your profession.

INTRODUCTION

A professional license is the authorization to practice and use a professional title in New York State. Your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. This application packet contains the forms and instructions you need to apply for a license.

LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at www.op.nysed.gov. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send renewal information to the name and address we have on file for you (see the Address or Name Changes section on next page), at least four months before your registration expires.

VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement directly from the organization where you met the requirement (e.g., school, testing agency, licensing authority, certifying board, hospital, employer, etc.). These records and documents must bear an original (not photocopied) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. **You are responsible for asking organizations and individuals to complete and directly submit to us the documentation you need.** Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

**NOTE:** Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.
ADDRESS OR NAME CHANGES

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, the last 4 digits of your social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

For address changes you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 592
TDD/TTY 518-473-1426
Fax: 518-402-2323
E-mail: opunit5@mail.nysed.gov

For name changes a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions
Division of Professional Licensing Services
Social Work Unit
89 Washington Avenue
Albany, NY 12234-1000

NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license. You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at www.op.nysed.gov/documents/anchange.pdf to notify the Department of a change in your address or name.

PROFESSIONAL CONDUCT

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession.

Title 8 of the NYS Education Law is available on our Web site at www.op.nysed.gov/title8/

Part 29 of the Rules of the Board of Regents is available on our Web site at www.op.nysed.gov/title8//part29.htm
RECORDS RETENTION AND DISPOSITION STATEMENT

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

DISCLOSURE OF SOCIAL SECURITY NUMBERS

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.
APPLYING FOR A LICENSE AS A LICENSED MASTER SOCIAL WORKER

GENERAL REQUIREMENTS

The practice of licensed master social work and the use of the title "Licensed Master Social Worker" and the designation of "LMSW" or derivatives thereof in New York State requires licensure as a licensed master social worker, unless otherwise exempt under the law.

To be licensed as a licensed master social worker (LMSW) in New York State you must:

• be of good moral character as determined by the Department;
• be at least 21 years of age;
• meet education requirements;
• meet examination requirements; and
• complete coursework or training in the identification and reporting of child abuse offered by a New York State approved provider.

You must file an Application for Licensure (Form 1) and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. It is your responsibility to follow up with anyone you have asked to send us material.

The specific requirements for licensure are contained in Title 8, Article 154, Section 7704 of New York State Education Law and Part 74 and Section 52.30 of the Regulations of the Commissioner of Education. The Law and Regulations are available on our Web site at www.op.nysed.gov/prof/sw.

FEES (fees listed are those in effect at the time this application was printed)

The fee for licensure and first registration is $294.

The fee for a limited permit is $70.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

• Do not send cash.
• Make your personal check or money order payable to the New York State Education Department. Your cancelled check is your receipt.
• Mail your application and fee to: NYS Education Department, Office of the Professions at the address at the end of the application you are submitting.

PLEASE NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

• For the procedure to withdraw your application, contact the Social Work Unit by e-mailing opunit5@mail.nysed.gov or by calling 518-474-3817 ext. 592 or by faxing 518-402-2323.
• The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure fee and meet the licensure requirements in place at the time you reapply.
EDUCATION REQUIREMENTS

To meet the professional education requirement for licensure as an LMSW, you must present satisfactory evidence of having received a masters degree in social work (M.S.W.), or its equivalent, (e.g., a higher degree from a social work program that is registered by the Department as licensure-qualifying, accredited by the Council on Social Work Education (CSWE) or determined by the Department to be substantially equivalent to a registered program as defined in Sections 74.1 and 52.30 of the Commissioner's Regulations.)

For education to be determined substantially equivalent, the applicant must present satisfactory evidence of having received a masters degree, or its equivalent, in social work through completion of a satisfactory graduate program in social work which includes two years of full-time study (at least 60 semester hours, or the equivalent), of graduate study. No more than half of the total semester hours for the program may be advanced standing credit granted for social work study at the baccalaureate level. The graduate program must include curricular content in the following areas:

- social work values and ethics;
- diversity, social justice, and at-risk populations;
- human behavior in the social environment;
- social welfare policy and service delivery systems;
- foundation and advanced social work practice;
- social work practice evaluation and research; and
- a field practicum of at least 900 clock hours in social work integrated with the prescribed curricular content.

In addition to the professional education requirement, every applicant for LMSW licensure or a limited permit must complete coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law. You must submit a certificate of completion from an approved provider or file a certification of exemption before a New York State license or permit can be issued. Additional information and a list of approved providers is available on our Web site at www.op.nysed.gov/training/camemo.htm or by calling 518-474-3817 ext. 570. You may be eligible for exemption from the training if you can document, to the satisfaction of the Department, that your practice does not involve professional contact with persons under the age of 18 and that you do not have contact with persons 18 or older with a handicapping condition who reside in a residential care school or facility. An exemption form (Form 1CE) is included in this application packet.

EXAMINATION REQUIREMENTS

Note: New York State candidates for the Social Work licensure examination must have completed their Social Work program or received the M.S.W. degree as a condition for admission to the examination. Applicants for licensure will not be approved to take the examination prior to receipt of the M.S.W. degree.

Licensure as an LMSW requires successful completion of the "Masters" (formerly Intermediate) examination administered by the Association of Social Work Boards (ASWB) or an examination determined by the Department to be comparable in content.

To qualify to take the ASWB examination:

1. Submit an Application for Licensure (Form 1) and fee ($294) to the New York State Education Department.
2. Ask your school to verify your education directly to the New York State Education Department on Form 2.
3. The New York State Education Department must approve your education and all application materials. [We will notify ASWB when you have satisfied the examination eligibility requirements.]
4. You must register directly with the ASWB to take the Masters examination. Information and the Candidate Handbook for the examination are available on the Web at www.aswb.org or through
ASWB (see page ii for contact information). No other ASWB examination is acceptable for LMSW licensure.

Reasonable Testing Accommodations

If you have a disability and may require reasonable testing accommodations for the examination, you must complete ASWB's Disability Accommodation Form and submit it with supporting documentation directly to ASWB (see page ii for contact information). If your application for a reasonable accommodation is denied, or you have any complaints about your accommodations, please contact the New York State Board for Social Work (see page ii for contact information).

Note: New York State will not accept an examination given under non-standard conditions such as the use of a dictionary or extra time for applicants whose primary language is other than English. A candidate may be required to retake the examination under standard conditions.

APPLICANTS LICENSED IN ANOTHER JURISDICTION

Endorsement, often referred to as reciprocity, is not available in New York State. However, you may be eligible for licensure in New York State if you:

• meet all the general requirements for licensure; and
• have passed the Masters (formerly Intermediate) ASWB licensing examination or an examination that the Department determines adequately tests social work proficiency at the master's degree level and adequately measures the candidate's knowledge concerning practice as an LMSW.

Full documentation of compliance with all New York State licensure requirements, including professional education, must be submitted directly to the Department by the appropriate entity, not by the applicant.

LIMITED PERMIT

A limited permit allows an individual who has met all requirements for licensure as an LMSW except the licensing examination to practice as an LMSW provided that the individual is under the general supervision of an LMSW or a Licensed Clinical Social Worker (LCSW). The proposed supervisor must include a copy of his/her license with the Application for Limited Permit (Form 5). To be eligible for a limited permit, you must:

• submit an application (Form 1) and fee for licensure and first registration ($294);
• have your school verify completion of the M.S.W. degree (Form 2);
• submit proof of completion of coursework or training in the identification and reporting of child abuse offered by a New York State approved provider; and
• be at least 21 years of age and be of good moral character as determined by the Department.

You may apply for a limited permit (Form 5) at the same time as or any time after you submit your Application for Licensure (Form 1). The fee for a limited permit is $70.

The limited permit is issued for a specific employment setting and the permit holder must be under the supervision of an LMSW or LCSW. If you are a new applicant for licensure in New York State, a private practice that you own or operate would not be an acceptable setting for a limited permit holder. The setting must be legally authorized to provide licensed master social work services such as:

• A professional service corporation, registered limited liability partnership or professional service limited liability company that is owned by a licensed master social worker, licensed clinical social worker or other licensed professional(s) authorized to provide licensed master social work services;
• A sole proprietorship owned by a licensee who provides services that are within the scope of his or her profession and services within the scope of licensed master social work;
• A professional partnership owned by licensees who provide services that include licensed master social work;
• A hospital or clinic authorized under Article 28 of the Public Health Law and authorized to provide health services, including licensed master social work;
• A program or facility authorized under the Mental Hygiene law (OMH, OPWDD, OASAS) to provide appropriate health services, including licensed master social work;
• A program or facility authorized under federal law, such as the Veterans’ Administration, to provide health services including licensed master social work; or
• An entity defined as exempt from the licensing requirements under New York Law* or otherwise authorized to provide services that include licensed master social work.

*Note: Section 9 of chapter 420 of the laws of 2002, as amended by section 1 of chapter 433 of the laws of 2004 provides: “Nothing in this act shall prohibit or limit the activities or services on the part of any person in the employ of a program or service operated, regulated, funded, or approved by the department of mental hygiene or the office of children and family services, or a local governmental unit as that term is defined in article 41 of the mental hygiene law or a social services district as defined under section 61 of the social services law, provided, however, this section shall not authorize the use of any title authorized pursuant to article 154 of the education law, except as otherwise provided by such articles, except that this section shall be deemed repealed on July 1, 2013.” (Note: This date is subject to changes in law. Please visit our Web site at www.op.nysed.gov/prof/sw for current information.)

The permit application must include a copy of the operating certificate or certificate of incorporation that authorizes the entity to employ licensed professionals and provide services that are restricted under Title VIII of the Education Law.

A limited permit holder may not practice clinical social work, including diagnosis and psychotherapy, under the supervision of an LMSW. If the supervisor is an LCSW, the supervision must be consistent with Education Law §7702 and Section 74.6 of the Commissioner’s Regulations.

Limited permits are valid for a period of one year and are not renewable.

A limited permit cannot be issued until the Department has determined that you have satisfied all requirements for licensure except the licensing examination.

Limited permits are not issued to applicants for employment in public schools. Such applicants should apply for a provisional school social worker credential through the Office of Teaching Initiatives. See more information on teaching certificates at usny.nysed.gov/teachers. In accordance with Section 74.4 of the Commissioner’s Regulations, the LMSW or LCSW supervisor may not supervise more than five permit holders to ensure public protection.

Practice of Licensed Master Social Work

Effective September 1, 2004, the practice of licensed master social work, as defined in Article 154 of the Education Law, is restricted to individuals who are licensed, under a limited permit, or authorized under the law. The use of the title “licensed master social worker” is restricted to persons who are licensed.

A licensed master social worker may only practice clinical social work, including diagnosis and psychotherapy, under the supervision of a Licensed Clinical Social Worker (LCSW), licensed psychologist or psychiatrist in an acceptable setting. Once you are licensed as an LMSW, you may submit a plan for practicing licensed clinical social work under supervision using the Plan for Experience (Form 6) included in this packet to the New York State Board for Social Work. For more information about the requirements for LCSW, please visit our Web site at www.op.nysed.gov/prof/lcsw.htm.
COMPLETING THE APPLICATION FORMS
for licensure as a Licensed Master Social Worker

INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms.

FORM 1 - APPLICATION FOR LICENSURE

All applicants for licensure must complete this form and submit it with the $294 licensure and first registration fee directly to the Office of the Professions at the address at the end of Form 1. Make checks payable to the New York State Education Department. NOTE: Your cancelled check is your receipt.

You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. Your signature on Form 1 must be notarized by a Notary Public.

FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

This form must be submitted directly by the educational institution(s) you attended. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to your school. Be sure to sign and date item 9.

Section II: The Registrar must complete this section and return both pages of the form in an official school envelope with requested documents directly to the Office of the Professions at the address at the end of the form.

If you attended a social work program not registered as licensure-qualifying by the New York State Education Department, you must also ask your school to submit an official transcript or marksheets.

Please photocopy this form as needed.

FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

Complete this form if you hold, or ever held, a license or certificate to practice any profession* in any jurisdiction.

This form must be submitted directly by the licensing/certifying authority. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to the licensing/certifying authority of each jurisdiction in which you are or have been licensed/certified. Be sure to sign and date item 8.

Section II: The licensing/certifying authority must complete this section, sign, date and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

Note: A Form 3 is not required for licenses/certificates issued by the New York State Education Department.

*Profession is defined as professional titles licensed under New York State Education Law. (See page 2 of the Address/Name Change Form at the end of this packet for a list of those titles.)
FORM 4Q - APPROVAL OF QUALIFICATIONS TO SUPERVISE PSYCHOTHERAPY

This form must be submitted directly by the supervisor. The Office of the Professions will not accept this form if submitted by the applicant.

This form must be submitted if your supervisor is not an LCSW or has not already been approved by the State Education Department to supervise the provision of psychotherapy services by an LMSW.

Section I: Complete this section before giving the entire form and a copy of Appendix A to your supervisor.

Section II: Your supervisor must complete this section and return both pages of this form directly to the Office of the Professions at the address at the end of the form.

Please photocopy this form as needed but all forms submitted must bear original signatures and be notarized by a Notary Public.

Note: The supervisor may submit the Form 4Q prior to supervising your experience. Approval of the supervisor does not guarantee approval of the applicant's experience which must be completed in accordance with the requirements in the Commissioner's Regulations.

FORM 5 - APPLICATION FOR LIMITED PERMIT

Section I: Complete this section before giving the entire form to your prospective supervisor. Be sure to sign and date item 9.

Section II: Your prospective supervisor must complete this section. The prospective supervisor must include a copy of the operating certificate or certificate of incorporation that authorizes the employment of licensed master social workers and a copy of his/her professional license as an LMSW or LCSW.

Return the completed form with the $70 fee to the Office of the Professions at the mailing address at the end of the form.

FORM 6 - PLAN FOR SUPERVISED EXPERIENCE

This form must be submitted by the supervisor. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section and send the entire form to your proposed supervisor. Be sure to sign and date item 7.

Section II: The proposed supervisor must complete this section and return the entire form to the Office of the Professions at the address at the end of the form.

FORM 1CE - CHILD ABUSE CERTIFICATION OF EXEMPTION FORM

This form is not for all applicants. Use this form only if you are applying for an exemption to the requirement to complete training or coursework in the identification and reporting of child abuse because your practice does not involve professional contact with persons under the age of 18 and persons 18 or older with a handicapping condition who reside in a residential care school or facility.

FORM AD/NAME - ADDRESS/NAME CHANGE FORM

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.
LICENCED MASTER SOCIAL WORKER
APPLICANT CHECKLIST

Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. You should keep a copy of all application forms submitted.

CHECK (√) AND DATE EACH STEP WHEN COMPLETED.

_____ 1. Have you completed and sent the following to the Office of the Professions? (Please be sure to include adequate postage to ensure timely delivery.)

   A. FORM 1 - APPLICATION FOR LICENSURE
   B. FEE ($294) - FOR LICENSURE AND FIRST REGISTRATION
   C. FORM 5 - APPLICATION FOR LIMITED PERMIT (If applicable) and $70 fee

_____ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or agencies? Keep copies of the requests so that you may check with them to be sure they have submitted the information.

   A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION
      Sent to the following educational institutions: Date sent

      __________________________________________________________
      __________________________________________________________

   B. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION - All applicants licensed in another jurisdiction must complete and forward this form to the appropriate licensing authority for submission to the Department.
      Sent to the following licensing/certifying authorities: Date sent

      __________________________________________________________
      __________________________________________________________

   C. FORM 4Q - APPROVAL OF QUALIFICATIONS TO SUPERVISE PSYCHOTHERAPY
      Sent to: Date sent

      __________________________________________________________
      __________________________________________________________

   D. FORM 6 - PLAN FOR SUPERVISED EXPERIENCE
      Sent to: Date sent

      __________________________________________________________
      __________________________________________________________

TO SPEED PROCESSING OF YOUR APPLICATION:

• Submit your application for licensure in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.
• Notify the Office of the Professions promptly of any address or name changes.
• Respond promptly to requests for additional information from the Office of the Professions.
Application for Licensure

Applicants Must Complete All Pages of This Application in Ink

All applicants for licensure must complete this form and submit it with the $294 licensure and first registration fee directly to the Office of the Professions at the address at the end of this form. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. Your signature on Form 1 must be notarized by a Notary Public.

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
   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)

7. New York State DMV ID Number
   (Driver or Non-Driver ID)
   (Leave this blank if you do not have a New York State DMV ID Number)

8. Name as it appears on degree or other credentials (if different from above):
   ________________________________________________

9. Have you previously applied for New York State licensure in any profession?
   □ Yes    □ No
   If "yes", in what profession(s)? ________________________________________________

10. Have you passed the Association of Social Worker Boards (ASWB) masters examination?
    □ Yes    □ No
    Note: New York State will not accept an examination given under non-standard conditions such as the use of a dictionary or extra time for applicants whose primary language is other than English. A candidate may be required to retake the examination under standard conditions.
    If "yes", on what date(s)? ________________________________________________

11. 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

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

13. 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

14. Are charges pending against you in any jurisdiction for any sort of professional misconduct?
    □ Yes    □ No

15. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?
    □ Yes    □ No

NOTE: If you answer "Yes" to any questions numbered 11-15, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Conviction. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.
Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

Name of High School/Secondary School or GED Diploma issuer:

City: ____________________________ State/Province: __________________________ Country: __________________________

Number of years attended: ____________________ Attendance from: _______ / _______ / _______ to _______ / _______ / _______

Graduation date: _______ / _______ / _______ or Date GED issued: _______ / _______ / _______

Postsecondary/Preprofessional Education

Name of School: _______________________________________________________________________________________________

City: ____________________________ State/Province: __________________________ Country: __________________________

Major/Concentration: ___________________________________________________________________________________________

Number of years attended: ____________________ Attendance from: _______ / _______ / _______ to _______ / _______ / _______

Title of Degree/Diploma/Certificate awarded (in the original language): ____________________________________________________

Date Degree/Diploma/Certificate awarded: _______ / _______ / _______

Professional Education

Name of School: _______________________________________________________________________________________________

City: ____________________________ State/Province: __________________________ Country: __________________________

Major/Concentration: ___________________________________________________________________________________________

Number of years attended: ____________________ Attendance from: _______ / _______ / _______ to _______ / _______ / _______

Title of Degree/Diploma/Certificate awarded (in the original language): ____________________________________________________

Date Degree/Diploma/Certificate awarded: _______ / _______ / _______

Name of School: _______________________________________________________________________________________________

City: ____________________________ State/Province: __________________________ Country: __________________________

Major/Concentration: ___________________________________________________________________________________________

Number of years attended: ____________________ Attendance from: _______ / _______ / _______ to _______ / _______ / _______

Title of Degree/Diploma/Certificate awarded (in the original language): ____________________________________________________

Date Degree/Diploma/Certificate awarded: _______ / _______ / _______

Do you now hold, or have you ever held, a license or certificate to practice any profession* in any jurisdiction?  □ Yes  □ No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form. *Profession is defined as professional titles licensed under New York State Education Law.

<table>
<thead>
<tr>
<th>Professional Title</th>
<th>State or Jurisdiction</th>
<th>Date License/Certificate Issued</th>
<th>License/Certificate Number</th>
<th>Limitations On License/Certificate</th>
</tr>
</thead>
</table>

Licensed Master Social Worker Form 1, page 2 of 4, Rev. 8/13
Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A. □ I am not under an obligation to pay child support
   OR

B. □ I am under an obligation to pay child support and (please check only one of the following)
   □ I am current and am not four months or more in arrears in the payment of child support; or,
   □ I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
   □ The child support obligation is the subject of a pending court proceeding; or,
   □ I am receiving public assistance or supplemental security income; or,
   □ None of the above four statements apply.

* New York State General Obligations Law, section 3-503.

Citizenship/Immigration Status:

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

□ A. A United States citizen or National.

□ B. An alien lawfully admitted for permanent residence in the United States.

□ C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.

□ D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.

□ E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.

□ F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.

□ G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.

□ H. Non Immigrant (Temporarily in U.S.)

Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _______________________________________

□ I. I do not reside in the United States.

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: _______________________________________

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

Gender and Ethnicity: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender: □ Male □ Female

Ethnicity: □ White (not Hispanic) □ Black (not Hispanic) □ Asian □ Hispanic □ Native American
21 Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

☐ Yes
☐ No
Please initial: _____________________

22 Affidavit With Acknowledgment (Notarization required.)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: ______________________________________________________________________________________

Date _________ / _________ / _________
Month Day Year

Notary

State of __________________________________________________ County of __________________________________________

On the _________ day of ______________________ in the year _________ before me, the undersigned, personally appeared ______________________, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _________________________________________________________________________________________

Notary ID number _______________________________

Expiration date _________ / _________ / _________
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.
Certification of Professional Education

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.

2. Send the entire form to the institution(s) you attended and ask the registrar to complete Section II and forward all pages of the form directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution. This form will not be accepted if submitted by the applicant.

3. An official transcript or marksheets are required if you completed a program that is not registered by the Department as licensure qualifying at the time of your graduation.

Section I: Applicant Information

1. Social Security Number
2. Birth Date
   - Month
   - Day
   - Year

3. Print Name as It Appears on Your Application for Licensure (Form 1)
   - Last
   - First
   - Middle

4. Mailing Address
   - Line 1
   - Line 2
   - Line 3
   - City
   - State
   - Zip Code
   - Country/Province

5. Print your name as it appears on your degree or diploma.
   - Name: ______________________________________________________________________________________________________

6. School attended:
   - (Name)
   - (city/state or country)

7. Name of degree/diploma: _______________________________________________________________________________________

8. Date degree/diploma awarded: _______ / _______ / _______
   - mo.           day              yr.

9. I request and give my permission to the school listed in item 6 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

   _________________________________________________________
   Applicant's Signature
   ___________________________ / ______________ / _____________
   mo.           day              yr.
Section II: Certification of Professional Education

Instructions to Registrar:
1. Complete Part A or Part B to document the applicant's education.
2. Complete Part C (Certification) and return the entire form directly to the Office of the Professions at the address at the end of this form.
   This form will not be accepted if returned by the applicant.

Name of Applicant: ________________________________________________

Part A - Completion of Education Requirement:
The applicant completed a master of social work program that was, at the time the degree requirements were met, either registered as licensure-qualifying by the New York State Education Department and/or accredited by the Council on Social Work Education (CSWE).

It is certified that the applicant:

☐ completed the program on ______ / ______ / ______ State Education Department Program Code: __________________________

   and was awarded the degree/diploma of: _______________________________________________ on ______ / ______ / ______
   (Title of degree/diploma) mo.          day           yr.

OR

☐ on ______ / ______ / ______ the institution determined that the applicant has met all requirements for the degree/diploma and the
   institution has agreed to award the degree/diploma of _______________________________________________
   (Title of degree/diploma) mo.          day           yr.

Part B - PLEASE COMPLETE THIS PART FOR PROGRAMS NOT REGISTERED AS LICENSURE-QUALIFYING BY THE NEW YORK STATE EDUCATION DEPARTMENT FOR LICENSED MASTER SOCIAL WORKER (OR LICENSED CLINICAL SOCIAL WORKER) OR NOT ACCREDITED BY THE COUNCIL ON SOCIAL WORK EDUCATION (CSWE) AT THE TIME THE APPLICANT COMPLETED THE PROGRAM. An official transcript or marksheet giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:
   Entrance date: ______ / ______ / ______

   ☐ Completion date: ______ / ______ / ______

   ☐ Withdrawal date: ______ / ______ / ______

   mo.        day          yr. mo.        day          yr. mo.        day          yr.

2. Did the applicant complete a field practicum of at least 900 clock hours?  (check one)
   ☐ Yes ☐ No

   If "no", number of clock hours completed: ______________

2. Degree/diploma conferred: ______________________________________ Date degree/diploma conferred: ______ / ______ / ______

   Name of accrediting body or official organization that recognizes this program: _______________________________________________

   Address of accrediting body or organization that recognizes this program: ___________________________________________________

Part C - Certification: This form will not be accepted if the date below precedes the date in either Part A or Part B.

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar ________________________________________________ Date ______ / ______ / ______

Type or print name ______________________________________________________________

Title or official position _____________________________________________________________

Institution ______________________________________________________________________

Address ________________________________________________________________________ (SEAL)

Telephone __________________________________ Fax: _________________________________

E-mail ________________________________________________________________

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Licensed Master Social Worker Form 2, page 2 of 2, Rev. 8/12
Verification of Other Professional Licensure/Certification

(Complete this form if you hold, or ever held, a license or certificate to practice any profession* in any jurisdiction)

*Profession is defined as professional titles licensed under New York State Education Law (see page 2 of the Address/Name Change Form).

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8.

2. Send this entire form to the appropriate licensing/certifying authority for completion of Section II. Be sure to include any fee required by that licensing/certifying authority. We must receive a Form 3 for all licenses/certificates you ever held except those issued by the New York State Education Department. This form will not be accepted if submitted by the applicant.

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

Last
First
Middle

4. 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

5. Licensing/certifying authority to which this form is being sent:

Print name of licensing/certifying authority ____________________________

6. Print your name as it appears on your license/certificate from the licensing/certifying authority listed in item 5.

Print name ____________________________

Professional title on license/certificate issued ____________________________

7. Did you complete the examination required for licensure/certification under any non-standard conditions (e.g., the use of a dictionary or extra time for applicants whose primary language is other than English)? □ Yes □ No

8. I request and give my permission to the licensing/certifying authority listed in item 5 above to complete the information on this form and mail it to the New York State Education Department and to release any other information required by the State Education Department in connection with my application for licensure. I also declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant’s Signature ____________________________ mo. / day / yr.

Licensed Master Social Worker Form 3, page 1 of 2, Rev. 9/10
**Section II: Verification of Other Professional Licensure/Certification: (Please print or type)**

**Instructions to the Licensing/Certifying Authority:** Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope directly to the Office of the Professions at the address below. This form will not be accepted if returned by the applicant. Attach additional sheets if necessary.

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Name of applicant: ____________________________________________</td>
</tr>
<tr>
<td>2</td>
<td>Professional title on license/certificate: ______________________</td>
</tr>
<tr>
<td></td>
<td>License/certificate number: ______________________ Date of licensure/certification: _______ / _______ / _______</td>
</tr>
<tr>
<td></td>
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<tr>
<td>3</td>
<td>Verification of licensure/certification - Complete if applicant was licensed/certified as a social worker in your jurisdiction.</td>
</tr>
<tr>
<td></td>
<td>What requirements did the applicant meet to become licensed/certified as a social worker in your jurisdiction?</td>
</tr>
<tr>
<td></td>
<td>Education: Diploma/degree: ____________________________________</td>
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<tr>
<td></td>
<td>Examination: Oral Examination Title: ______________________ Date: _______ / _______ / _______ Score: _______</td>
</tr>
<tr>
<td></td>
<td>Written Examination Title: ______________________ Date: _______ / _______ / _______ Score: _______</td>
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<tr>
<td></td>
<td>Experience: □ None □ _______ year(s) Describe ____________________</td>
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<tr>
<td></td>
<td>□ Endorsement of license from or reciprocity with ____________________ (name of jurisdiction)</td>
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<tr>
<td></td>
<td>□ Grandparented</td>
</tr>
<tr>
<td>4</td>
<td>A. Has the applicant identified in Section I been subject to any disciplinary action? □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>B. Are any charges pending against this individual? □ Yes □ No</td>
</tr>
</tbody>
</table>

**Certification**

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named above. I further certify that, except as noted in item 4 above or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: __________________________________________ Date: _______ / _______ / _______ |

Print name: ____________________________ |

Title: ____________________________ |

Licensing/certifying authority: ____________________________ (SEAL) |

Address: __________________________________________ |

Telephone: ____________________________ Fax: ____________________________ |

E-mail Address: __________________________________________ |

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Licensed Master Social Worker Form 3, page 2 of 2, Rev. 9/10
Approval of Qualifications to Supervise Psychotherapy

Applicant Instructions

Note: A supervisor who is not licensed in New York State or has not previously been approved by the State Education Department to supervise LMSW’s who provide psychotherapy services must complete this form. Complete Section I and forward the entire form to the supervisor (LCSW, psychiatrist, or psychologist) who supervised your work experience. Ask the supervisor to complete Section II and send the entire form directly to the Office of the Professions at the address at the end of the form. This form will not be accepted if submitted by the applicant. This form may be submitted prior to the experience to confirm the eligibility of the supervisor.

Section I: To be Completed by the Applicant

1. Print Name as It Appears on Your Application for Licensure (Form 1)    Social Security Number
   Last
   First
   Middle

2. New York State Licensed Master Social Worker License Number:

3. Supervisor’s Name

   Last
   First
   Middle

Section II: To be Completed by the Supervisor

Complete this section and return all pages of this form to the Office of the Professions at the address at the end of the form. Your signature on this form must be notarized by a Notary Public.

1. Were you licensed and registered in the State of New York at the time you supervised the applicant?☐ Yes ☐ No
   a. N.Y.S. License number:          Date license issued     Month  Day  Year
   Profession: ______________________
   b. Other State licenses:

<table>
<thead>
<tr>
<th>Profession</th>
<th>State</th>
<th>License Number</th>
<th>Date of License</th>
</tr>
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<tbody>
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</tbody>
</table>

   c. Check degree: ☐ Ph.D./DSW ☐ Ed.D. ☐ Psy.D. ☐ M.S.W. ☐ M.D.
   d. Title of degree: ______________________
   e. Date of receipt of degree: ______________________
      Name of school: ______________________
   f. Board certification? ☐ No ☐ Yes If yes, title of certification: ______________________
ADDITIONAL QUALIFYING CRITERIA: (Complete all that apply for your profession)

Licensed Psychologist:

a. ABPP Diplomate In: □ Counseling □ Clinical □ School
   Year received _______________________________

b. Doctorate in clinical or counseling or school psychology? □ Yes □ No
   If "yes," was it from a program which was New York State registered or APA approved? □ Yes □ No

c. Did you complete a formal internship which included psychotherapy training? □ Yes □ No
   If yes, name of program: _________________________________________________ Date completed: ______ / ______ / ______
   Was the internship accredited by the APA at that time? □ Yes □ No

d. If your doctorate was in a field other than clinical or counseling or school psychology, did you take a formal respecialization program in clinical or counseling or school psychology? □ Yes □ No
   If yes, name of program: _________________________________________________ Date completed: ______ / ______ / ______

Physicians:

Have you completed a psychiatric residency? □ Yes □ No
If yes, name of program: _____________________________________________________ Date completed: ______ / ______ / ______

LCSW:

A qualified supervisor must have at least three years of full-time, post-MSW supervised experience in diagnosis and psychotherapy, prior to supervising the applicant.

Please note that other direct practice with clients does not qualify under New York State Law. In order to determine if you are qualified to supervise, we must have the following information to evaluate your post-degree supervised experience in diagnosis and psychotherapy.

<table>
<thead>
<tr>
<th>Dates of Post-MSW Experience</th>
<th>Weekly Client Contact Hours</th>
<th>Hours of Individual Supervision/Month</th>
<th>Hours of Group Supervision/Month</th>
<th>Supervisor Name</th>
<th>Supervisor License and Jurisdiction</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Have you earned the “R” Psychotherapy Privilege? □ Yes □ No Date conferred: ______ / ______ / ______

All Supervisors:

Have you completed a prescribed postgraduate program in psychotherapy in an institute chartered by the New York State Board of Regents or one in another jurisdiction, which might be considered equivalent as determined by the State Board? □ Yes □ No
If yes, name of Institute: __________________________________________________________
Date completed: ______ / ______ / ______

Attach a copy of license and Curriculum Vitae.
Section II: To be Completed by the Supervisor (continued)

Attestation

I hereby certify that I have read Appendix A and that I meet the requirements to supervise experience for LCSW's. I understand that the above information will be used to determine my eligibility as a supervisor of LMSWs seeking licensure as an LCSW and that the answers given are truthful and accurate to the best of my ability.

Signature: _________________________________________________________________________ Date: _____ / _____ / _____

Print name: ___________________________________________________________________

Address: ________________________________________________________________________

_______________________________________________________________________________

Phone: __________________________ Fax: ________________________________

E-mail: _________________________________________________________________________

If the supervisor is not an employee of the same agency as the applicant, please provide information about the applicant's employer:

Name of Agency/Employer: _________________________________________________________

(Where supervised experience took place)

Agency Address: __________________________________________________________________

_______________________________________________________________________________

Phone: __________________________ Fax: ________________________________

E-mail: _________________________________________________________________________

The patient will be notified that the agency has authorized a third-party supervisor with access to the patient's records.

Name of Agency Representative: _________________________________________________

Signature: _________________________________________________________________________ Date: _____ / _____ / _____

Print name: ___________________________________________________________________

Notary

State of ___________________________ County of __________________________

On the ____________ day of __________________ in the year _____________ before me, the undersigned, personally appeared

___________________________, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose

name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by

him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _________________________________________________________________________________________

Notary ID number _______________________________

Expiration date __________ / __________ / __________

Month Day Year

Notary Stamp

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000

Licensed Master Social Worker Form 4Q, Page 3 of 3, Rev. 8/11
Application for Limited Permit

1. A limited permit authorizes practice as a licensed master social worker under the general supervision of an LMSW or an LCSW. Complete Section I. Be sure to sign and date item 9. It is your responsibility to ensure that your supervisor fully completes Section II.

2. You may apply for a limited permit either at the same time as or after submitting an application for a license as a LMSW in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee ($294), you must submit them with this form and the limited permit fee.

3. Submit this application and the $70 fee to the Office of the Professions at the address at the end of this form.

4. **Permits cannot be issued until all required documents have been received and approved.**

5. If you change supervisors or have additional supervisors after a permit is issued, you must obtain a re-issued permit. Complete a new Form 5 with each prospective supervisor, and return it to the Office of the Professions. A new fee is **not** required for a permit issued as a result of a change in supervisor.

**Section I: Applicant Information**

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 Exactly as You Wish It to Appear on Your Limited Permit  
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) [ ]

7. I am applying for  
- [ ] Original permit  
- [ ] Additional supervisor  
- [ ] Additional employer  
- [ ] Change of supervisor  
- [ ] Change of employer

8. Name of employer: ________________________________

9. Attestation  
I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and licensure and may result in criminal prosecution.

Applicant’s Signature ________________________________  mo. / day / yr.
Section II: Supervisor’s Certification of Employment

A limited permit may be issued to an applicant who has met all requirements for licensure except the licensing examination. The permit is valid for one year, and may not be extended. An LMSW permit holder may not practice clinical social work except under the supervision of an LCSW.

The applicant named in Section I is seeking a limited permit to practice as an LMSW in New York State. Complete the information below to certify that the applicant will be supervised at the setting named below.

Applicant’s name: _________________________________________________________________________________________________

(Section I, item 4)

Supervisor’s name (print full name - no initials): __________________________________________________________________________

Licensed as an:  
- [ ] LMSW  
- [ ] LCSW  
New York State license number: __________________________________________________

Setting name: ____________________________________________________________________________________________________

Address:_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

The above facility is a (check one, attach a copy of operating certificate or certificate of incorporation):

- [ ] Office of Mental Health (OMH) approved setting
- [ ] Office for People with Developmental Disabilities (OPWDD) approved setting
- [ ] Office of Alcoholism and Substance Abuse Services (OASAS) approved setting
- [ ] Department of Health (DOH) approved setting
- [ ] Office of Children & Family Services (OCFS) approved setting
- [ ] Department of Correctional Services (DOCS) approved setting
- [ ] State Office for the Aging approved setting
- [ ] Not-for-profit or educational corporation issued a waiver by the State Education Department
- [ ] Public health agency or setting approved by the social services district
- [ ] Office of a licensed clinical social worker or licensed master social worker
- [ ] Professional corporation, PLLC, PLLP, professional partnership
- [ ] Other setting: __________________________________________________________________________________________________

Attestation of Supervisor

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.

Signature: _____________________________________________________________________________ Date: _______ / _______ / _______

Print name: ___________________________________________________________________________

Address: ____________________________________________________________________________

___________________________________________________________________________________

Phone: ______________________________________________________________________________

Fax: ________________________________________________________________________________

E-mail: _____________________________________________________________________________

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000
Plan for Supervised Experience

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 7. Use the psychotherapy log to document your hours of practice and supervision.

2. Send the entire form to your supervisor and ask him/her to complete Section II and forward the entire form directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if submitted by the applicant.

If the supervisor is not licensed in New York State or has not previously been approved by the Department to supervise LMSW's who provide psychotherapy services, an Approval of Qualifications to Supervise Psychotherapy (Form 4Q) must be submitted.

Section I: Applicant Information

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

3. Print Name as It Appears on Your Application for Licensure (Form 1)
   Last
   First
   Middle

4. 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. You must complete 2,000 client contact hours of post-MSW supervised experience in diagnosis, psychotherapy and assessment-based treatment plans over a period of at least 36 months and no more than 6 years. You must have been supervised by a licensed clinical social worker, licensed psychologist or physician who meets the requirements of section 74.6 of the Commissioner’s Regulations in an acceptable setting as defined in section 74.6.

   Name of proposed clinical supervisor: ____________________________________________________________

   Name of setting: ____________________________________________________________

   Setting address: ____________________________________________________________

   LMSW License Number: ________ Date LMSW License issued: Month _______ Day _______ Year _______

   Date MSW degree awarded: _______ / _______ / _______

   mo. day yr.

7. Attestation

I declare and affirm that the statements made in the foregoing application, including accompanying statements are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial of licensure and may lead to a filing of charges of professional misconduct.

Applicant’s Signature ____________________________________________________________

Licensed Master Social Worker Form 6, page 1 of 6, 8/10
## Psychotherapy Log

Use this weekly log to document the applicant's hours of practice and supervision for Licensed Master Social Worker. All pages of this log must be retained by the supervisor and submitted upon request of the Department. Please photocopy this log as needed.

### Applicant name: __________________________________

### Supervisor name: __________________________________

<table>
<thead>
<tr>
<th>Week starting date for psychotherapy (mm/dd/yy)</th>
<th>Client Contact Hours/Week*</th>
<th>Applicant Initials</th>
<th>Supervision Type (Individual, Group, Peer, Case)**</th>
<th>Supervision Hours/Week**</th>
<th>Supervisor Initials</th>
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* Contact hour = 45 Minutes of psychotherapy (shorter sessions may be combined)

** Supervision = at least 100 hours of in person supervision over the period of at least 36 months and not more than 72 months.
You must document the completion of three years of full-time supervised clinical social work experience in diagnosis, psychotherapy, and assessment-based treatment plans, or the part-time equivalent, or combination of full-time and part-time supervised clinical social work in no more than six consecutive years after receipt of the M.S.W. degree.

Full-time experience shall consist of not less than 2000 client contact hours over the course of three years but not to exceed six calendar years. All experience must be obtained in a setting acceptable to the Department after completion of the professional education required for licensure.

**Qualified Supervisor**

The experience must be supervised by an individual who is licensed and registered to practice as a(n):

- LCSW in New York State or the equivalent as determined by the Department; or
- Psychologist who, at the time of supervision of the applicant, was licensed as a psychologist in the state where supervision occurred, was qualified in psychotherapy as determined by the Department based upon the Department's review of the psychologist's education and training, including but not limited to education and training in psychotherapy obtained through completion of a program in psychotherapy registered pursuant to Part 52 of the Regulations of the Commissioner of Education or a program in psychology accredited by the American Psychological Association; or
- Physician who, at the time of supervision of the applicant, was a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Inc. or had the equivalent training and experience as determined by the Department.

A supervisor who is not licensed in New York State must submit an Approval of Qualifications to Supervise Psychotherapy (Form 4Q) to allow the Department to determine whether the supervisor is qualified in diagnosis, psychotherapy and assessment-based treatment planning.

A supervisor may not have a familial relationship with the applicant, as such dual relationships may constitute a charge of unprofessional conduct under the Education Law and Regents Rules.

**Supervision Sessions**

The supervision must consist of at least 100 hours of in-person individual or group clinical supervision distributed over the period of the supervised experience. During each supervision session:

- your supervisor must provide the diagnosis and appropriate treatment for each client;
- your cases must be discussed with your supervisor; and
- your supervisor must provide you with oversight and guidance in diagnosis and treating clients.

The supervisor is legally and professionally responsible for the diagnosis and treatment of each client and must have access to all relevant information. It is the responsibility of your employer to provide appropriate supervision as an LMSW may only practice clinical social work under supervision. Any arrangements for third-party supervision must include a written agreement between the employer, third-party supervisor and the LMSW to specify the supervisor's access to clients and client records to ensure appropriate supervision of the LMSW. The client must be informed of how confidential information is handled in the case of third-party supervision and how to raise questions with the employer and/or third-party supervisor.

**Setting for the Experience**

All experience that is completed in New York State must be in a setting that is legally authorized to provide psychotherapy and clinical social work services.

An acceptable setting is:

- A professional corporation, professional limited liability partnership or professional limited liability corporation that is authorized to provide services that include psychotherapy;
- A professional service corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of licensed clinical social work;
• A sole proprietorship owned by a licensee who provides services that are within the scope of his or her profession and services that are within the scope of licensed clinical social work;

• A hospital or clinic authorized under Article 28 of the Public Health Law and authorized to provide health services, including psychotherapy;

• A program or facility authorized under the Mental Hygiene law to provide appropriate health services, including psychotherapy;

• A program or facility authorized under federal law, such as the Veterans' Administration, to provide health services including psychotherapy;

• A public elementary, middle or high school authorized by the Education Department to provide school social work services as defined in Part 80-2.3 of the Commissioner’s Regulations, including clinical social work;

• An entity defined as exempt from the licensing requirements under New York Law* or otherwise authorized under New York Law of the laws of the jurisdiction in which the entity is located to provide services, including psychotherapy.

In New York State, a general business corporation or not-for-profit corporation may not provide professional services or employ licensed professionals unless authorized under law. The certificate of incorporation should clarify the purpose of the entity and whether licensed professionals may be employed to provide services that are restricted under Title VIII of the Education Law.

It is your responsibility to practice only under a qualified supervisor and in an authorized setting. You should review the supervisor qualifications and acceptable experience with an employer before you accept a position practicing clinical social work.

*Note: Section 9 of chapter 420 of the laws of 2002, as subsequently amended provides: "Nothing in this act shall prohibit or limit the activities or services on the part of any person in the employ of a program or service operated, regulated, funded, or approved by the department of mental hygiene, office of children and family services, department of correctional services, state office for the aging, department of health, or a local governmental unit as that term is defined in article 41 of the mental hygiene law or a social services district as defined under section 61 of the social services law, provided, however, this section shall not authorize the use of any title authorized pursuant to article 154 of the education law, except as otherwise provided by such articles, except that this section shall be deemed repealed on July 1, 2013."
Section II: Supervisor’s Verification of Plan for Experience

Instructions For Completing Section II: Please Read Appendix A and complete all of Section II. Be sure to sign the affidavit, have your signature notarized by a Notary Public and return the entire form directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if returned by the applicant. By completing Section II, the supervisor is certifying that the person named in Section I will receive supervision that meets the requirements specified in Education Law and the Commissioner’s Regulations.

1. Name of applicant: _____________________________________________________________________________________________
   (Item 3 on page 1)

2. Name of supervisor: ____________________________________________________________________________________________
   (Supervisor must complete Form 4Q if not already approved by Department)
   Title: ________________________________________________________________________________________________________
   (attach copy of supervisor’s license)

Setting where the applicant will provide diagnosis and psychotherapy services under your supervision:

Name of facility or private practice: ____________________________________________________________________________________
Address: _________________________________________________________________________________________________________

The facility is a (check one and attach copy of authorization to provide services):

☐ Private practice owned by supervisor (LCSW, Licensed psychologist or psychiatrist)
☐ Professional entity (PLLC, PLLP, P.C.) owned by supervisor (attached consent from SED)
☐ Sole proprietorship or other entity authorized under law (attach certificate of incorporation)
☐ Program approved by the New York State Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), Office of Alcoholism & Substance Abuse Services (OASAS), Office of Children & Family Services (OCFS), Department of Correctional Services, State Office for the Aging, or local social service or mental hygiene district (attach operating certificate)
☐ Department of Health (DOH) approved hospital or nursing home (attach copy of operating certificate)
☐ Psychotherapy institute chartered by Board of Regents and authorized to provide psychotherapy to the public (attach copy of Regents Charter)
☐ Elementary, middle, high school or college authorized to provide psychotherapy services to students (attach copy of authorization)
☐ Not-for-profit or other entity authorized by waiver from the State Education Department to employ licensed professionals and provide services (attach certificate of incorporation)
☐ Other (describe): _______________________________________________________________________________________________

Supervisor:

Education Law and Commissioner’s Regulations define acceptable experience as 2,000 client contact hours in diagnosis, psychotherapy and assessment-based treatment planning. The supervisor is responsible for the assessment, evaluation and treatment of patients seen by the applicant and for delegating to the applicant those activities he/she is competent to perform. Failure to provide appropriate supervision could result in charges of unprofessional conduct against the licensed supervisor. A record of client contact hours and supervision hours must be completed and retained by the supervisor who is responsible for submitting verification of the supervised experience.

I am a (check all that apply):

☐ Licensed Clinical Social Worker License number: ____________________ License date: _______ / _______ / _______ mo. day yr.
☐ Licensed Psychologist License number: ____________________ License date: _______ / _______ / _______ mo. day yr.
☐ Licensed Physician License number: ____________________ License date: _______ / _______ / _______ mo. day yr.

Do you have Board certification in psychiatry? ☐ Yes ☐ No

Licensed Master Social Worker Form 6, page 5 of 6, 8/10
Section II: Supervisor’s Verification of Plan for Experience (continued)

If the supervisor is not an employee of the same agency as the applicant, please provide information about the applicant’s employer:

Name of Agency/Employer: ____________________________________________________________
(Where supervised experience took place)

Agency Address: ____________________________________________________________________
____________________________________________________________________

Phone: ____________________________________ Fax: _________________________________
E-mail: ____________________________________________________________________________

The patient will be notified that the agency has authorized a third-party supervisor with access to the patient’s records.

Name of Agency Representative: _______________________________________________________

Signature: _________________________________________________________________________  Date: _______ / _______ / _______  
mo.        day            yr.

Print name: ________________________________________________________________________

Attestation

I hereby certify that I have read Appendix A and that I meet the requirements to supervise experience for LCSW’s. I understand that the above information will be used to review the plan for supervised experience of the LMSW seeking licensure as an LCSW and that the answers given are truthful and accurate to the best of my ability.

Signature: _________________________________________________________________________  Date: _______ / _______ / _______  
mo.        day            yr.

Print name: ________________________________________________________________________

Address: __________________________________________________________________________
________________________________________________________________________

Phone: ____________________________________ Fax: _________________________________
E-mail: ____________________________________________________________________________

Notary

State of __________________________________________________ County of _______________________
On the ______________ day of ______________________ in the year __________ before me, the undersigned, personally appeared __________________________________, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _________________________________________________________________________________________

Notary ID number _______________________________
Expiry date __________ / __________ / __________  
Month       Day       Year

Notary Stamp
The Form 6 should be submitted prior to starting the practice of clinical social work to meet the experience requirements for licensure as a Licensed Clinical Social Worker (LCSW) in New York or when your employment changes. You and your prospective employer/supervisor should complete the form and submit it to the State Board for review of the setting and the supervisor.

In order to meet the experience requirement for LCSW licensure, you must complete at least 2,000 client contact hours in the practice of diagnosis, psychotherapy and assessment-based treatment planning under a qualified supervisor, in a setting authorized to provide clinical social work services. The supervisor must provide at least 100 in-person hours of individual and/or group supervision. The specific requirements for supervised practice may be found in section 74.6 of the Commissioner's Regulations.

Your prospective supervisor/employer must indicate the type of setting (e.g., hospital, prison, or private practice) where you will be employed. The supervisor must attach a copy of the operating certificate issued by the appropriate government agency (e.g., Department of Health for Article 28 clinic) for the agency, or in the case of a private practice, proprietorship or professional corporation a copy of the certificate of incorporation, or a copy of the waiver issued by the Department to a qualified not-for-profit or educational corporation under section 6503-a of the Education Law, when issued.

The supervisor must indicate the profession in which he or she is licensed in New York and must be registered to practice as an LCSW, licensed psychologist or psychiatrist. The supervisor should attach a copy of his/her registration certificate with Form 6. You may not hire your supervisor; the supervisor must be employed by the same agency that employs you and is responsible for supervision of your practice. If this is the case, the agency must complete the appropriate section of Form 6.

The completed Form 6 should be signed and mailed to:

State Board for Social Work
Office of the Professions, State Education Building
89 Washington Avenue, Albany, NY 12234-1000

The form and attachments will be reviewed and you will receive an acknowledgement, if acceptable, or we will contact you with any questions.

The approval of the Form 6 should not be taken as approval of your experience; the supervisor is responsible for submitting verification of experience on the Certification of Experience for Licensed Clinical Social Work form (Form 4B). When you have completed at least 2,000 client contact hours of supervised experience or you leave this setting, you and the supervisor should submit Form 4B to the State Board. We will review experience after you have submitted the LCSW Application for Licensure (Form 1) and fee and your clinical education has been approved by the Department. When your clinical education and experience are approved, you will be eligible for the licensing examination. You may only practice clinical social work under supervision until you are licensed as an LCSW.
CERTIFICATION OF EXEMPTION

IDENTIFICATION AND REPORTING CHILD ABUSE and MALTREATMENT TRAINING

Applicants for licensure and licensees applying for re-registration as physicians, chiropractors, dentists, registered nurses, podiatrists, optometrists, psychologists, dental hygienists, licensed master social workers, licensed clinical social workers, creative arts therapists, marriage and family therapists, mental health counselors, and psychoanalysts must complete two hours of Department approved coursework or training in the identification and reporting of child abuse and maltreatment. A limited exemption from this requirement is available if the nature of the applicant/licensee's practice excludes contact with children. Any licensee who asks for an exemption must notify the Department in writing, within 30 days, when the nature of the practice changes and an exemption is no longer valid.

APPLICANT INSTRUCTIONS

1. If you are certain that you qualify for an exemption, complete items 1-6 by printing clearly in ink in the spaces provided. Be sure to sign and date Item 7.

2. Send the completed form to the address shown above to the attention of the unit for your profession (for example: Attention Medicine Unit). See item 6 for listing.

Properly completed forms will be accepted. You will only receive notice from the Department if a request is insufficient to grant an exemption. Please retain a photocopy of this Certification of Exemption.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Social Security Number (Leave this blank if you do not have a U.S. Social Security Number)</td>
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<tr>
<td>2</td>
<td>Birth Date (Month, Day, Year)</td>
</tr>
<tr>
<td>3</td>
<td>Print Your Name Exactly As It Appears On Your Licensure Application Or Registration</td>
</tr>
<tr>
<td>4</td>
<td>Mailing Address (You must notify the Department promptly of any address or name changes.)</td>
</tr>
<tr>
<td>5</td>
<td>N.Y.S. License Number (If applicable)</td>
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<td>6</td>
<td>Profession (check one)</td>
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<td>7</td>
<td>ATTESTATION</td>
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59.12 (b) The department may exempt an applicant or licensee from the coursework or training requirement of subdivision (a) of this section upon receipt of a written application for such exemption establishing that there would be no need to complete the coursework or training because the nature of the applicant/licensee's practice excludes contact with children. It is the professional responsibility of the licensee who holds an exemption to notify the department in writing, within 30 days, when the nature of the practice changes to the extent that the basis for exemption ceases to exist.

I, the undersigned, have read regulation 59.12(b) above and the explanation on this form. I understand the terms and conditions contained therein, and hereby declare that the nature of my practice is such that I do not treat or otherwise have professional contact either with children under the age of 18 years or persons 18 years of age and older with a handicapping condition who reside in a residential care school or facility. Therefore, I claim an exemption from the required training in child abuse and maltreatment identification and reporting pursuant to Section 59.12, Regulations of the Commissioner.

I also understand that should the nature of my practice change to the extent that the basis for the exemption ceases to exist, I am obligated to notify the department in writing and complete the required training within 30 days.

I further understand that a false statement on this document may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant signature ____________________________ Date  ________________

Certification of Exemption Form 1CE, Rev. 01/05
ADDRESS/NAME CHANGE FORM

INSTRUCTIONS

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only**: Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by e-mailing oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.

- **For name changes only**: Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation. Acceptable supporting documentation includes:
  - A court order authorizing your name change, marriage certificate, or divorce papers and a copy of a photo ID in your new name.
  - **Or**
    - Two (2) of the following:
      - A letter from the Social Security Administration indicating both your old and new names.
      - Copies of both old and new driver’s licenses.
      - Copies of both old and new New York State non-driver photo ID cards.
      - Copies of both old and new Social Security Cards.
      - Copies of both old and new passports.
      - Copies of both old and new U.S. Military photo ID cards.

  Other forms of identification may be acceptable as supporting documentation. Please contact the Records/Archives Unit by calling 518-474-3817 Ext. 380 or by e-mailing oparchiv@mail.nysed.gov before submitting.

Be sure to sign and date Section IV. Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your new name, check the appropriate box in Section III and enclose your original parchment (your original parchment will be letter sized, 8.5 x 11 inches, and will not have your address on it).

- **For address and name changes**: Complete all sections.

Licensed professionals can check the Office of the Professions’ Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

**NOTE**: Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

Section I: Your General Information

1. Name (currently on record): ______________________________________________________________________________________

2. Social Security Number: ___________________________ Birth Date: Month __________ Day _______ Year _______

   Telephone: Home: _______ - _______ - _______________ Work: _______ - _______ - _______________

   E-mail: ___________________________ Fax: _______ - _______ - _______________

3. Are you reporting an address and/or name change?  ■ address change  ■ name change  ■ both

4. Effective date of change: _______ / _______ / _______ (Note: Changes cannot be accepted until after the effective date.)

5. Licensure status in New York State:

   ■ I am an applicant for licensure in New York State for the licensed profession(s) of: ____________________________________________________________ (see list of professions on page 2)

   ■ I am currently licensed in New York State in the profession(s) of: ____________________________________________________________ (see list of professions on page 2)

   New York State license number: ___________________________

   New York State license number: ___________________________

   New York State license number: ___________________________

   New York State license number: ___________________________
### Section II: Address Change (please print)

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<th>New Information</th>
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<td>Street</td>
</tr>
<tr>
<td>City __________________________</td>
<td>City</td>
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<td>Zip Code</td>
</tr>
<tr>
<td>Province or Country (if not U.S.)</td>
<td>Province or Country</td>
</tr>
</tbody>
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Is this new address a business address?  □ Yes  □ No

**Failure to answer this question will result in your address being deemed a business address and, therefore, public information.**

### Section III: Name Change (please print)

If you are reporting a name change, please sign using your **NEW** name in Section IV. If you are currently registered you will receive a new registration certificate.

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<tr>
<th>Information Currently On Record</th>
<th>New Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name ______________________</td>
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<td>First Name _____________________</td>
<td>First Name</td>
</tr>
<tr>
<td>Middle or Initial _______________</td>
<td>Middle or Initial</td>
</tr>
</tbody>
</table>

□ Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your original parchment and a $10 check or money order made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your original parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it.

### Section IV: Affidavit

*I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.*

__________________________  ________________
Signature                   Date

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**Professional Titles Licensed Under Education Law**

(See item #5 on page 1 of the form.)

<table>
<thead>
<tr>
<th>Acupuncturist</th>
<th>Landscape Architect</th>
<th>Physical Therapist</th>
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<tr>
<td>Architect</td>
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<td>Physical Therapist Assistant</td>
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<tr>
<td>Athletic Trainer</td>
<td>Licensed Clinical Social Worker</td>
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<td>Audiologist</td>
<td>Licensed Master Social Worker</td>
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<tr>
<td>Certified Clinical Laboratory Technician</td>
<td>Licensed Practical Nurse</td>
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<tr>
<td>Certified Dental Assistant</td>
<td>Marriage and Family Therapist</td>
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<tr>
<td>Certified Histological Technician</td>
<td>Massage Therapist</td>
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<tr>
<td>Certified Public Accountant</td>
<td>Medical Physicist</td>
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<tr>
<td>Certified Shorthand Reporter</td>
<td>Mental Health Counselor</td>
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<td>Midwife</td>
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<td>Nurse Practitioner</td>
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<td>Creative Arts Therapist</td>
<td>Occupational Therapy Assistant</td>
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<td>Ophthalmic Dispenser</td>
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<td>Optometrist</td>
<td>Respiratory Therapist</td>
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<tr>
<td>Interior Designer</td>
<td>Pharmacist</td>
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</tbody>
</table>

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Applicants mail to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, (insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Licensees mail to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.