The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Psychologist Form 5CS, Page 1 of 2, September 2023

Psychologist Form 5CS Certification of Supervisor for Limited Permit

Use this form ONLY if you are applying/have applied for a New York State Limited Permit as a Psychologist using Online Form 5A.

Applicant Instructions

- 1. Complete Section I. Have your prospective supervisor complete Section II. It is your responsibility to ensure your supervisor fully completes Section II. Failure to complete this form will delay its review. Submit the completed certification to the Office of the Professions as directed at the end of the form.
- 2. If you need to request a renewal you must submit a new Online Form 5A. Your experience will be reviewed before the renewal may be issued. If you change supervisors or settings after a permit is issued, you must obtain an amended permit. Complete the online Limited Permit Change Form application (https://eservices.nysed.gov/professions/wf/limited-permit-change) and submit a Form 5CS for each new prospective supervisor. A new fee is not required for a permit issued as a result of a change in supervisor or setting.

	cuon i. Applicai	it illioillation									
1.	Social Security (Leave this blank	Number if you do not have a U.S. Social Security Nun	2. nber)	Birth Date	Month	Day	Year				
3.	Print Name	Last									
		First									
		Middle									
4.	I am applying for	or	[[r, please indica	Change of	Supervisor Supervisor* and/or super		Extension				
Sec	ction II: Supervi	sing Psychologist's Certification									
A limited permit authorizes practice as a psychologist to gain the required amount of professional experience while under the supervision of a New York State licensed and currently registered psychologist. The limited permit is valid for a period of one year. The permit may be renewed for an aggregate of three years. A one year extension may be granted for good cause as determined by the Department. The applicant may not practice until the limited permit is issued.											
Supervising Psychologist Instructions: Complete this section to certify that the applicant named above will be under your supervision.											
Supervisor's Name											
I am licensed and currently registered to practice in New York State as a Psychologist.											
New York State License number Date licensed mo. day											
Registration Expiration Date											
Em	ployer (Employe	er and practice site must be located in Ne	ew York State.)	:							
Business Name											
(Spell out/No abbreviation)											
Bus	usiness Address										
	-		City			State	e Zip Code				
	-	Telephone	Fax			Email					

Section II: Supe	rvising Psychologist's Certifica	tion (continued)						
Setting in New Y	York State where supervised ex	perience will take place (if dif	ferent than employer):					
Setting Name –		(Spell out/No al	obreviation)					
Setting Address								
J	Street							
		City	State	Zip Code				
	Telephone	Fax	Email					
Check the type	of setting where the supervised	experience is to take place (check one):					
	ssional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide ces that are within the scope of practice of psychology.							
	rietorship owned by a licensee whe scope of practice of psychology.	o provides services that are wi	thin the scope of his or her profession and	d services that are				
professional partnership owned by licensees who provide services that are within the scope of practice of psychology.								
program or service operated, regulated, funded, or approved by the New York State Office of Mental Health OMH), Office of Addict Services and Supports (OASAS), Office for People With Developmental Disabilities (OPWDD), Office of Children and Family Servi (OCFS), Department of Corrections and Community Supervision (DOCCS), Office of Temporary and Disability Assistance (OTDA) State Office for the Aging and the Department of Health or a local governmental unit as that term is defined in section 41.03 of the Mental Hygiene Law or a social services district as defined in section 61 of the Social Services Law.								
	lding a waiver issued by the Department pursuant to section 6503- a or 6503-b of the Education Law to provide services that n the scope of practice of psychology.							
a progran	n or facility authorized under feder	ral law to provide services that	are within the scope of practice of psycho	logy.				
	norized under New York law or the laws of the jurisdiction in which the entity is located to provide services that are within the practice of psychology.							
Attestation								
	on with this certification may be ca		ue, complete and correct. Any false or mi ensure and disciplinary action against my					
Supervising Psyc	chologist Signature		Date					
Print Name								
Address								
Telephone								
Fax								
Email			_					
Submitting this	form							
l lalacet	this form in your online limited are	mit application. If you have also	andy submitted your online limited remait	application				

Upload this form in your online limited permit application. If you have already submitted your online limited permit application, upload this form to:

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

You will need the Application ID of your limited permit submission that was emailed to you and your date of birth.

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You can mail this form along with any required documentation to:

New York State Education Department
Office of the Professions
Psychology Unit
89 Washington Avenue
Albany, NY 12234-1000