



**Section II: Supervising Psychologist's Certification (continued)**

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

Setting Name \_\_\_\_\_  
(Spell out/No abbreviation)

Setting Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

\_\_\_\_\_ Telephone Fax Email

**Check the type of setting where the supervised experience is to take place (check one):**

- professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of psychology.
- 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 practice of psychology.
- 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 Addictions Services and Supports (OASAS), Office for People With Developmental Disabilities (OPWDD), Office of Children and Family Services (OCFS), Department of Corrections and Community Supervision (DOCCS), Office of Temporary and Disability Assistance (OTDA), the 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.
- entity holding a waiver issued by the Department pursuant to section 6503- a or 6503-b of the Education Law to provide services that are within the scope of practice of psychology.
- a program or facility authorized under federal law to provide services that are within the scope of practice of psychology.
- entity authorized under New York law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of psychology.

**Attestation**

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

Supervising Psychologist Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Submitting this form**

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

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

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

**Or**

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

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