

# Licensed Master Social Worker Form 5CS

## Certification of Supervision for Limited Permit

**Use this form ONLY if you are applying/have applied for a New York State Limited Permit as a Licensed Master Social Worker online.**

### Applicant Instructions

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

### Section I: Applicant Information

1. Social Security Number \_\_\_\_\_  
*(Leave this blank if you do not have a U.S. Social Security Number)*
2. Birth Date \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
3. Print Name Last \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_

4. I am applying for  Original Permit  Additional Setting  Additional Supervisor  Change of Setting\*  Change of Supervisor\*

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

### Section II: Certification of Supervision

A limited permit may be issued to an applicant who has met all requirements for licensure except the licensing examination requirements. The permit is valid for one year and is not renewable. The applicant may not be employed until the limited permit is issued.

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

Supervisor's Name \_\_\_\_\_

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

- Licensed Master Social Worker  Licensed Clinical Social Worker

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

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

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

Business Address \_\_\_\_\_  
Street

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

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

**Section II: Certification of Supervision (continued)****Setting in New York State where supervised experience will take place (if different than employer):**

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

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

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

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

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

- Office of Mental Health (OMH).** Be sure to attach a copy of the Operating Certificate.
- Office for People with Developmental Disabilities (OPWDD).** Be sure to attach a copy of the Operating Certificate.
- Office of Addiction Services and Supports (OASAS).** Be sure to attach a copy of the Operating Certificate.
- Department of Health (DOH).** Be sure to attach a copy of the Operating Certificate.
- Office of Children & Family Services (OCFS).** Be sure to attach a copy of the Operating Certificate.
- Department of Corrections and Community Supervision (DOCCS).** Be sure to attach a copy of the Operating Certificate.
- State Office for the Aging.** Be sure to attach a copy of the Operating Certificate.
- Not-for-profit, religious, or educational entity issued corporate waiver by the New York State Education Department.** Be sure to attach a copy of the Corporate Waiver Certificate.
- Psychotherapy Institute chartered by the New York State Education Department Board of Regents.** Be sure to attach a copy of the Corporate Waiver Certificate.
- A program or facility authorized under Federal Law to provide services that are within the scope of practice of social work.** Be sure to attach a copy of the Authorization letter verifying the provision of professional services.
- Public health agency or setting approved under the Mental Hygiene Law or a local social services district.** Be sure to attach a copy of the Authorization letter verifying the provision of professional services.
- College and University Counseling Centers.** Be sure to attach a copy of the Authorization letter verifying the provision of professional counseling services to students.
- Office of a licensed physician, clinical social worker, psychologist, or licensed master social worker (PC, PLLC, PLLP) (not owned by the applicant).** Be sure to attach a copy of the Certificate of Incorporation.
- Office of a professional licensed to practice licensed master social work or licensed clinical social work as a sole proprietor not incorporated (not owned by the applicant).** No attachment required.

**Attestation**

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_

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

**Submitting this form**

Upload this form in your online limited permit application. If you have already submitted your online limited permit application, upload this form to: <https://eservices.nysed.gov/professions/wf/document>

You will need the Application ID of your limited permit submission that was emailed to you and your date of birth. **Or**, you can mail this form along with any required documentation to: New York State Education Department, Office of the Professions, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000