

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, Office of a licensed physician, clinical social worker, or psychologist (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 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