

Agenda
State Board for Mental Health Practitioners
Friday, October 13th, 2023 10:00 a.m. - 12:30 p.m.

Sites:

1411 Broadway, 10th floor NYC
Education Building EB 201 Albany, NY
Hughes State office Building 2nd floor 333 Washington St. Syracuse, NY 13202
Wilson Building 109 S Union Street Rochester, NY 14607

In order to attend the **Mental Health Practitioners Board meeting** please choose one of the sites listed above and let the board office know by emailing Tinika.White@nysed.gov to add your name to the security list of the site you choose.

"Members of the public may attend and observe the meeting. Please note that due to security restrictions, you are asked to arrive 30 minutes earlier than the start of the meeting"

Thank you!

***Agenda and Discussion**

1. Welcome and review of Agenda.
2. Review of June 23, 2023, meeting minutes
3. Sarah Benson the Deputy Commissioner will be giving a presentation on compacts and talk about what it means for the Mental Health Practitioner's Compact being developed.
4. Executive Secretary's Report
 - a. Staffing and Processing
 - b. Board member recruitment
 - c. Executive Orders, Review
5. Legislation and Regulation affecting social work.
 - a. Progress Diagnostic Privilege for mental health counselors (Ch. 230 of 2022) progress. David Hamilton will comment on progress.
6. Discussion Topics
 - a. Continue of tele-supervision discussion
 - b. Form 6
7. Other business
8. Adjournment

The University of the State of New York
State Education Department
Office of the Professions

**State Board for Mental Health Practitioners
Meeting Minutes**

Friday, June 23, 2023

This meeting was held in-person via WebEx at the following locations:

State Education Building, 89 Washington Avenue, EB 150, Albany, NY 12234
Office of the Professions, 1411 Broadway, 10th Floor, New York, NY 10018
Syracuse Regional Office, 333 East Washington Street, Suite 211, Syracuse, NY 13202
Rochester Regional Office, 109 S. Union Street 2nd Floor, Rochester, NY 14607

Board members present:

Helena Boersma (Rochester)
Susan Boxer Kappel (New York)
Ann Canastra (Syracuse)
Angela Musolino (New York)
Christopher Smith (New York)
Thomas Biglin (New York)
Timothy Mooney (Albany)
Jasmine Thomas (New York)
Michele "Mikki" Meyer (Albany)

Board members absent:

Renee Jones
Sargam Jain

Staff present:

Evan Seiden, Executive Secretary (New York)
Michele Govertsen, Senior Administrative Analyst (Albany)
Henry Phillips, Education Program Assistant (Albany)
Kayla Apple, Licensing Services Clerk (Albany)

Welcome and Review of the Agenda

Evan Seiden called the meeting to order at 10:04 AM. Board members and staff introduced themselves. There were no changes in the agenda.

Review of the February 3, 2023 Board Meeting Minutes

The minutes of the February 3, 2023 Board meeting were reviewed. There were no changes made. A motion was made to approve the minutes; motion was passed unanimously. Minutes accepted. All previous minutes accepted. A quorum of members was present.

Executive Secretary's Report

Evan Seiden announced the retirement of Mary Fish, Associate in Professional Education. Phone staff member Tim Simmons also retired on June 30. Board discussed using email as supplement to phones for fielding questions/providing information to licensees and applicants. Processing Unit reported 14% higher volume (over previous year). Review of licensure applications continues with the assistance of all staff. Board actively in the process of recruiting new members. Nomination forms for potential Board members are being reviewed and additional candidates continue to be recruited. Board nomination forms can be found on the NYSED website. It was noted Executive Order allowing licensees to legally practice without active registration expired the day prior, 6/22/2023.

Legislation and Regulation affecting Mental Health Practice: Mental Health Practitioners' Diagnosis Privilege (Chapter 230 of the Laws of 2022)

Status of adoption and implementation of diagnostic privilege application discussed. Application process being formulated in collaboration with DPLS staff. Board discussed requirements to obtain diagnostic privilege. Board discussed acceptable supervisors for experience towards privilege. Board discussed details of attaining the privilege as it continues to head for adoption in the Fall of 2023.

Discussion: Tele- Supervision

Board discussed advantages of virtual supervision of Mental Health Practitioners. Board discussed possible permanent regulatory requirements for virtual supervision. Board discussed potential requirements that virtual supervision be integrated with "in-person" supervision in some fashion. Board discussed informed consent/contract-agreement between supervisor and supervisee. Board discussed the ethics of virtual supervision, discretion, safety re: covid-19 and the benefit of being unmasked during virtual supervision. Board discussed what might be best practices for virtual supervision.

Other Business

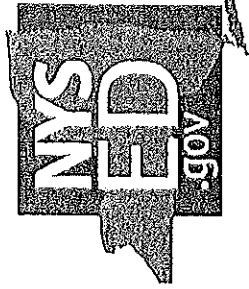
The Board discussed what counts and what does not count for direct and indirect hours for LCAT applicants.

Elections

Board Member Susan Boxer Kappel was elected as Board Chair. Board Member Angela Musolino was elected for position of Vice Chair.

Closing Remarks and Adjournment

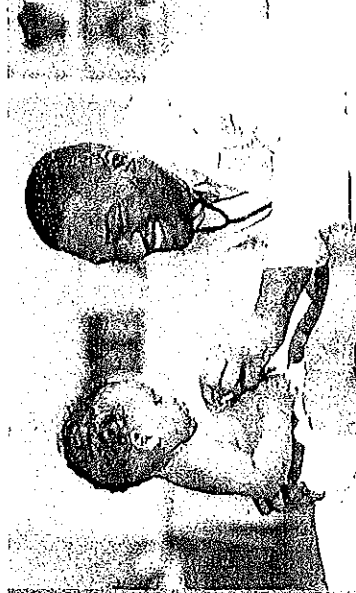
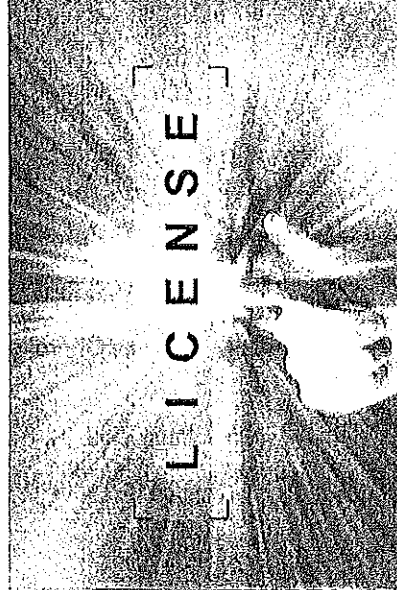
Evan Seiden thanked the Board for their participation in the meeting. The next Board meeting will be scheduled for a date in October 2023. The meeting was adjourned at 11:13am by Board Chair Susan Boxer Kappel.



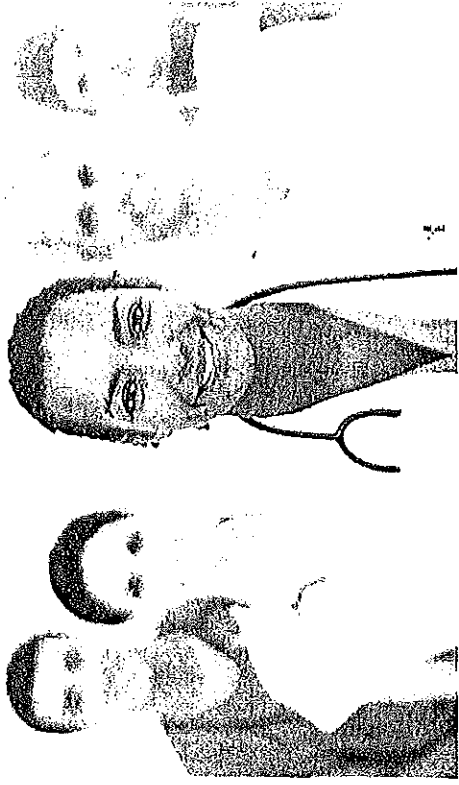
New York State
EDUCATION DEPARTMENT
Knowledge > Skill > Opportunity

Interstate Licensure Compacts

November 2022



What are Licensure Compacts?



Statutory agreements between participating states that allow for interstate practice of a profession based upon a common core set of licensing requirements.

License Compacts utilize two basic models



Multiple Individual State Licenses



Single, Multistate License

Licensees must abide by the practice requirements of the member state in which they are practicing.

Potential Benefits of Licensure Compacts

Licensed Professionals	Streamlines process to practice in multiple participating states
Healthcare Organizations	Allows filling of staffing vacancies with out-of-state licensees
NYS Regulatory Agencies	May facilitate information sharing between participating states
Public	Could be a tool to help address systemic workforce shortages May provide continuity & access to care (e.g., telehealth)

Licensure Compacts Related to OP Professions*

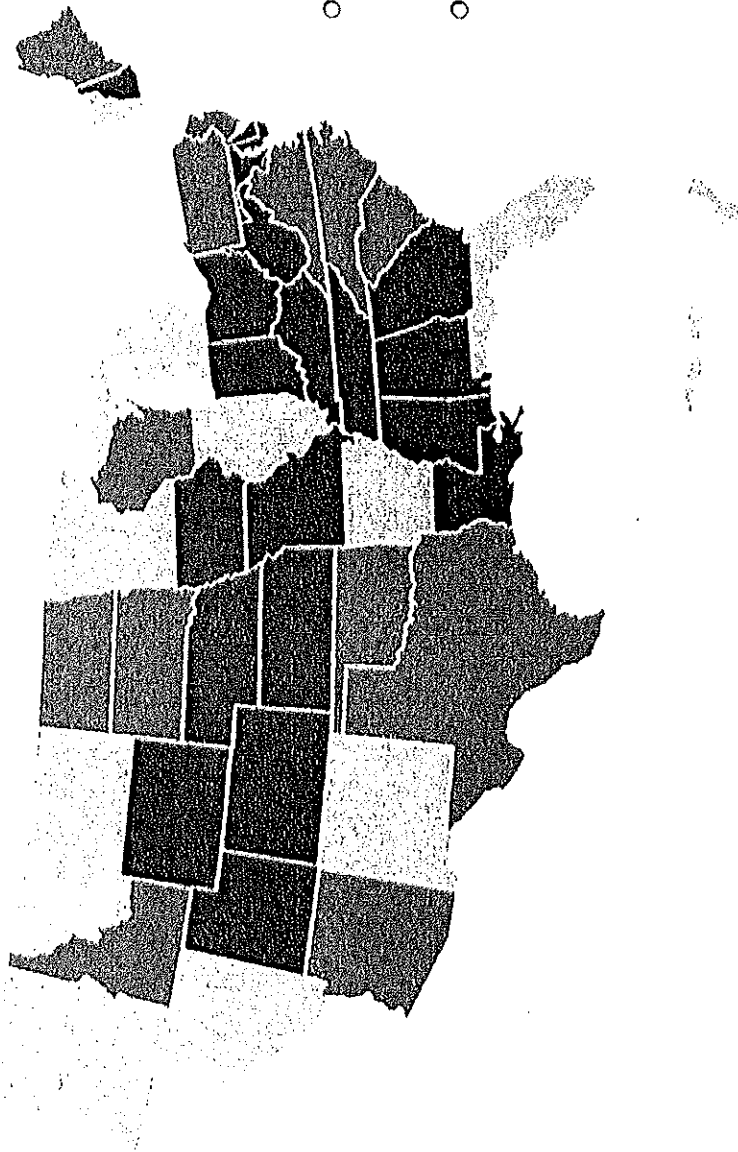
Professionals	Compact Name/Model	Participating Jurisdictions
Audiologists Speech-Language Pathologists	ASLP-IC Multiple	23
Physicians	IMLC Multiple	39
RNs LPNs	eNLC Single	39
Physical Therapists Physical Therapy Assistants	PTCC Multiple	34
Psychologists	PSYPACT Multiple	34



* Information current as of November 2022; compacts in other professions are in various stages of development

Interstate Licensure Compact Participation

0 compacts 1-3 compacts 4-5 compacts 5+ compacts



- o 43 states participate in at least one licensure compact.
- o Generally, compacts are most utilized in less densely populated states with uniform licensing standards.



Information current as of November 2022

Common Features of Interstate Licensure Compacts

Joining/leaving requires statutory change

Model statutes must be adopted by NYS without modification & establish:

Common Licensure Requirements

Interstate Commissions



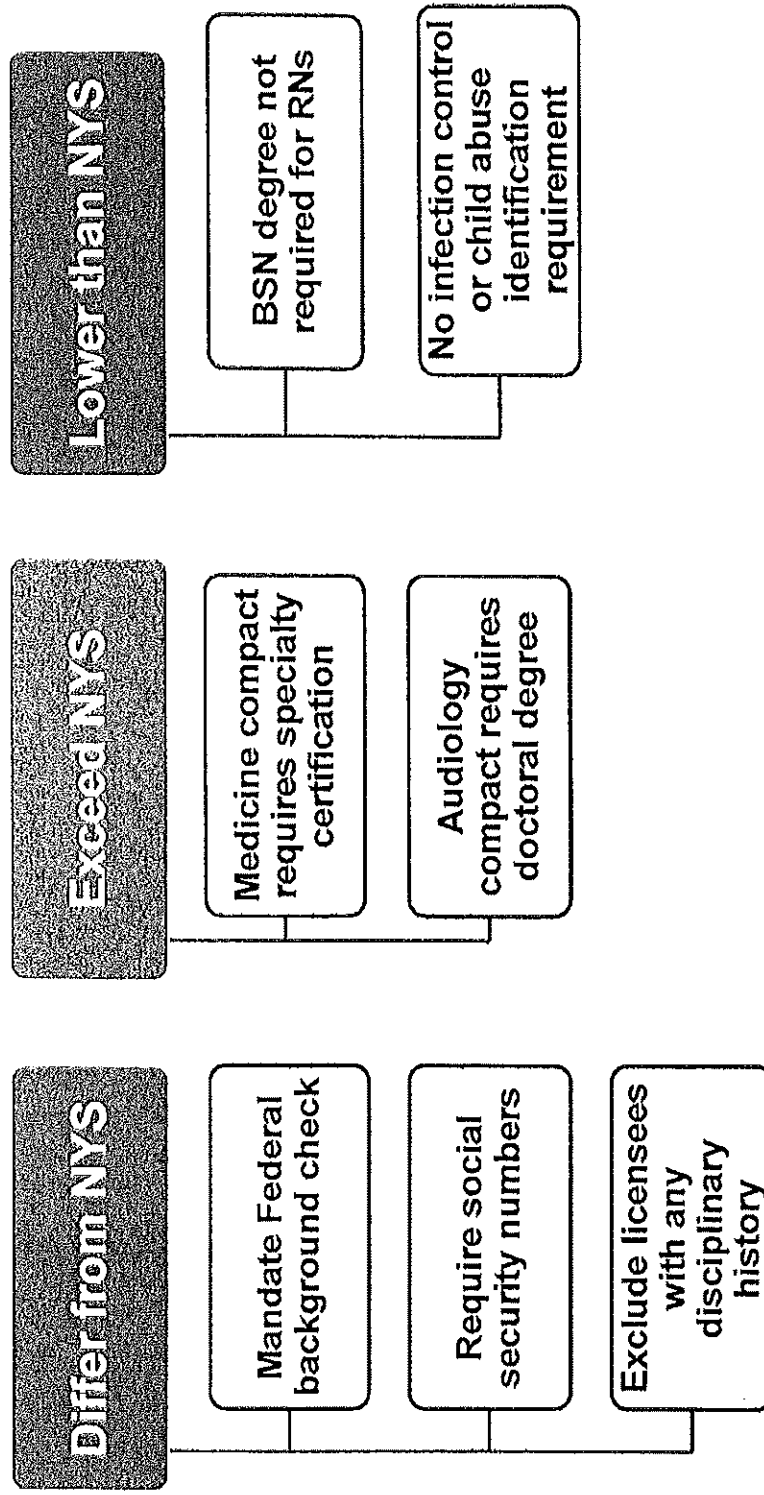
Rules & policies apply to all member states:

- Participating states have **equal voice** in rule-making regardless of population or # of licensees.
- **Majority-vote** thresholds required to revise/establish rules.

Shared Licensee Databases

Protocols for Information Sharing & Dispute Resolution

How Compact Requirements Compare to NYS Requirements:



Physician Licensure: IMLC vs. NYSED

Compact License

Apply to home state & pay state fee (\$735 for NYS)

Compact requirements verified

License granted and a 1-yr qualification is issued

Apply to the IMLC & pay \$700 fee

Select additional states for licensure & pay associated state fees via IMLC portal

State boards are notified of selection & state(s) issues a license within a few weeks

NYS State License

Apply for NYS license & pay \$735 fee

Education, examination & moral character verified

License granted



Nurse Licensure: eNLC vs. NYSED

Compact License



Apply to home state based on state standards & pay fee (\$143 for NYS)



Applicant must have a SSN & complete a federal background check including fingerprints (~\$100 fee)



Applicant may be required to pay an additional fee for the compact enhancement to their license

* Participating states pay a \$6,000 annual fee to the eNLC

NYS State License



Apply for NYS license & pay \$143 fee



Education**, examination & moral character verified



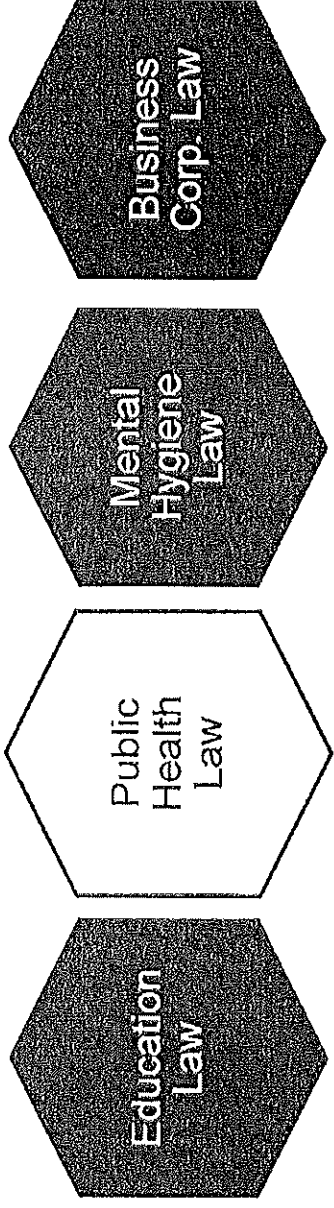
License granted

** BSN is required in NYS for RNs, a higher standard than other states



More Comprehensive Legislative Analyses Are Needed

- Challenge: aligning NYS's robust health and professional licensing framework with Compact.
- NYS licensing requirements may be higher/different than other states.
- In-depth analysis needed to reconcile NYS statutes with Compact legislation and administrative rules.
- Complex implementation steps needed, across multiple agencies & stakeholders.



Example: Statutory and Regulatory Challenges

Nursing Compact Privilege to Practice (PTP)

- Nurse with compact license is automatically granted PTP in all compact states.
- PTP holder may practice in NYS without any notification or registration.
 - PTP does not exist in current laws & regulations, which would require amending to define the Department's authority for disciplinary action for PTP.
 - New & separate processes for disciplining PTP licensees would be needed.

Authority Considerations

Compacts would weaken Legislature & Regents' authority & control over licensure & sound professional practice.

Example: NYS would cede authority to "home state" to make individual determinations on licensure qualifications.

Potential Negative Consequences:

- A shift toward national governance & control may undermine NYS policy makers' efforts to meet unique NYS needs.
- NYS's strict standards of direct-source verification & evaluation of qualifications may not be upheld.
- Due process considerations since home state discipline results in automatic revocation of multi-state privilege regardless of NYS law.

Differing Standards Considerations

Nursing compact creates a bifurcated system, where interstate licensees practicing in NYS have not met the same high standards as NYS licensees.

Example: Bachelors in Nursing (BSN) in 10 years, Infection Control and Child Abuse Training not required

Potential Negative Consequences:

- NYS could no longer uphold the highest standards of care to its patients.
- Legislative intent regarding BSN in 10 would be undermined.
- May encourage applicants to seek 'home' licensure in other states.

Differing Standards Considerations

As noted by the American Medical Association (AMA) 9/19/22: *The Interstate Medical Licensure Compact (IMLC) was established and adopted by state legislatures at a time when there was general alignment among state medical practice acts. Today there are stark differences and direct conflicts among many state laws regulating the practice of medicine.*

Example: Many states have passed laws severely restricting abortion services, while other states have passed laws protecting abortion services and those who provide such care to patients. Exceptions vary widely, as does the potential for civil or criminal liability.

Potential Negative Consequences:

- Differing laws and scopes of practice across member states may result in conflicts between member states and concerns over state sovereignty.

Resource Considerations

Building “interstate” licensing systems on top of existing in-state licensing systems would require significant resources.

Example: Issuance of Compact licenses would require development of new licensing pathways, systems and staff.

Potential Negative Consequences:

- Building new systems required to implement interstate licensing processes would take considerable time and resources.
- Additional licensing pathways without additional resources will slow cycle times for NYS applicants.
- Need for new systems would divert personnel and technology resources, thwarting in-progress modernization and improvement efforts.

Public Safety Considerations

Registration not required for PTP nurses to practice in New York; challenges could impact patient safety.

Example: SED could have difficulty locating and effectively disciplining transient nurses unless staffing resources were greatly expanded.

Potential Negative Consequences:

- Only the home state can revoke compact license, but existing resources would be diverted to address out-of-state actions against PTP nurses regardless of whether they have ever practiced in NYS.
- Consumer & employer may not be able to easily verify license status.
- NYS licensees will pay for investigation & discipline of out of state compact nurses, who do not pay any NYS licensing fees.

Additional Considerations

Compacts increase mobility into and out of NYS, but do not change the total number of licensees.

Differing standards may create consumer confusion, especially in the area of telehealth.

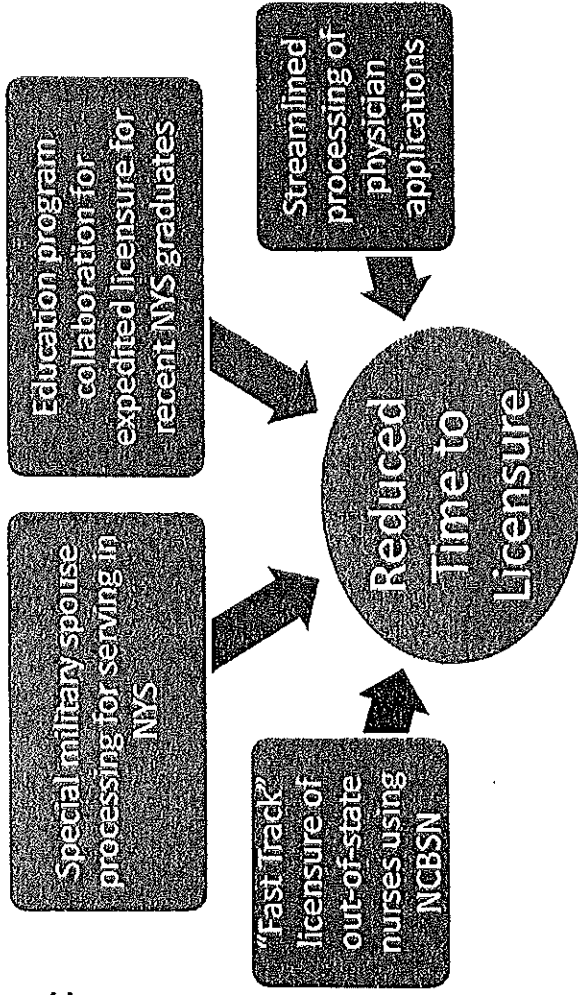
National standards would hinder NYS's ability to evolve or adopt unique licensing requirements.

Staff and Modernization Expedite Nurse and Physician Licensing

State Budget 2022-23 budget authorization allowed SED to employ additional staff, continue multi-year multimillion dollar modernization system, and reduce processing time from receipt of required information to licensure.

Licenses currently issued in 2 weeks:

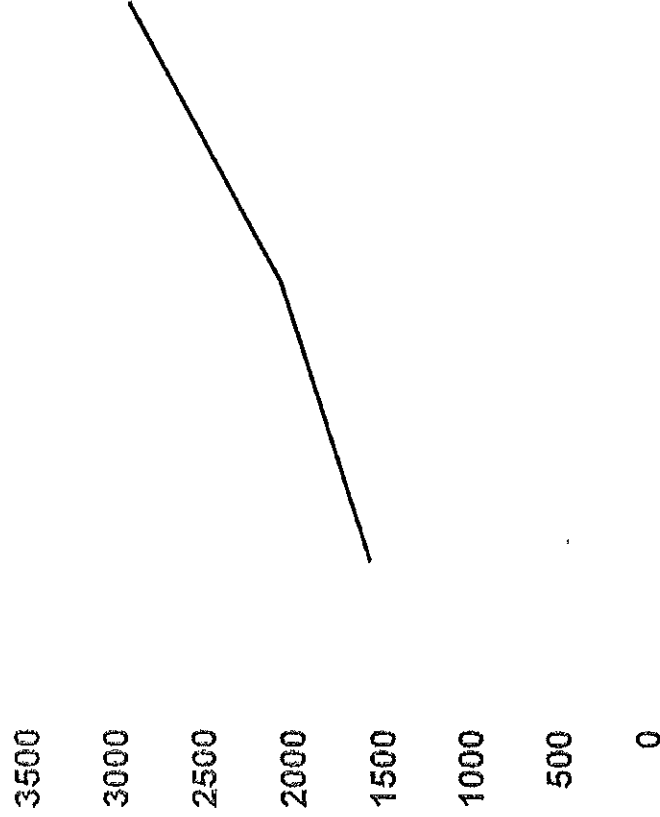
- Nurses licensed out of state
- Military spouses
- Graduates of approved NYS nursing programs
- US-educated physicians



Expedite Licensure for Out-of-State Nurses

Time Period	Endorsement Licenses Issued	Total Licenses Issued
Q1 2022	1577	5487
Q2 2022	2065	6509
Q3 2022	2908	12,482

Endorsement Licenses Issued

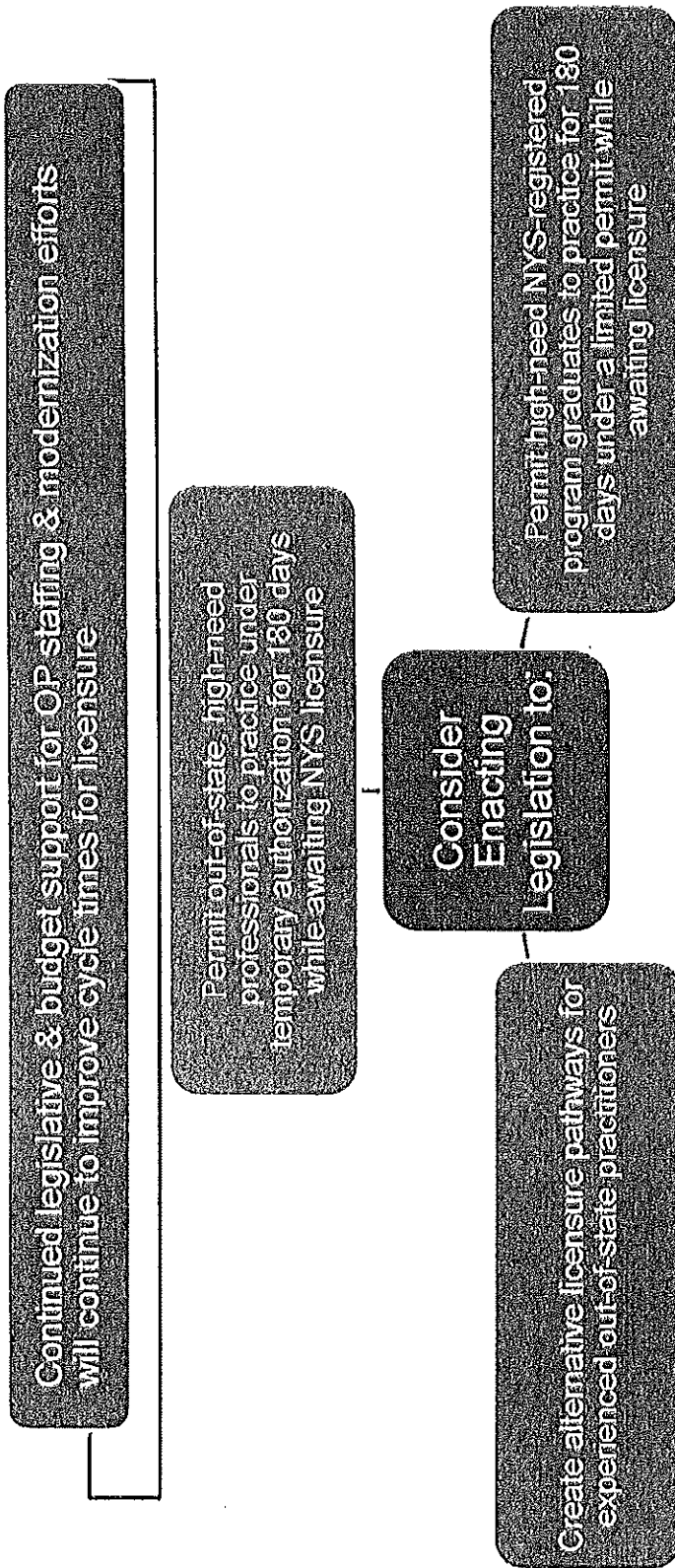


- Expedited licensing for out-of-state nurses was implemented March 2022.
- Overall volume of ALL NURSING applications rose dramatically since 2017.
- The greatest increase is in foreign applicants, who would be ineligible for compact licensure if they do not have a SSN.



Possible Alternatives that Would Require Legislative Action

The Department continues to explore alternatives & is fully engaged in assisting in addressing workforce challenges while ensuring public safety.



DISCUSSION

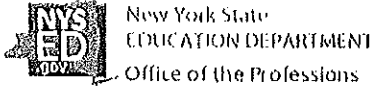


COVID provisions are still in the regulations, such as 74.6(c)(1)(v):

- v. the supervisor provides at least one hundred hours of in-person individual or group clinical supervision, distributed appropriately over the period of the supervised experience. The Department, in its discretion, may accept alternative means to meet the in-person supervision requirements of this subparagraph that cannot be successfully completed due to the State of Emergency declared by the Governor pursuant to an Executive Order for the COVID-19 crisis.

For more information on our web-based complaint software, features of the site or any other information, please contact our help desk. If you have any questions, please submit a Webpage Feedback.

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Advisory Notice: The following advisory constitutes a general discussion of the issues that may arise when a licensee provides professional services. The discussion is intended to alert practitioners to questions and concerns that they may want to consider with their legal counsel, if necessary, and are not to be construed as a directive or other requirement to take any particular action. The Advisory cannot be used as the basis for a charge of professional misconduct. The statements are generally based upon statutory and regulatory provisions relating to the practice of psychology, social work, creative arts therapy, marriage and family therapy, mental health counseling, and psychoanalysis, but are not legal interpretations of any of these provisions. The citations to the provisions of law, regulation and Regents Rules are included to add clarity to the discussion.

What is Telepractice?

Telepractice includes the use of telecommunications and web-based applications to provide assessment, diagnosis, intervention, consultation, supervision, education and information across distance. It may include providing non-face-to-face psychological, mental health, marriage and family, creative arts, psychoanalytic, psychotherapy and social work services via technology such as telephone, e-mail, chat and videoconferencing.

Telecommunications and Electronic Medical Records (EMRs) may include computer files, documents, e-mails, interactive media sessions, CD's, audio-tapes, video-tapes, fax images, phone messages and text messages.

Telepractice Issues

Telepractice issues of concern to practitioners include the therapeutic relationship, specifically, one's ability to maintain an effective working relationship in spite of physical distance. Potential licensure and jurisdiction issues mean that practitioners should become familiar with and abide by competency and licensure requirements when practicing across state and national borders. In order to practice in a safe, legal, and confidential manner, it is important for licensed mental health professionals to understand the technology and potential limitations to confidentiality of both the software and hardware they are using. In order to ensure confidentiality, encryption and other technologies should be used whenever possible. Guidance regarding specific telepractice issues appears below.

To the extent it involves providing professional services in a jurisdiction other than the one in which the practitioner is physically located, telepractice raises the issue of the jurisdiction or jurisdictions in which the practitioner must be licensed. In New York State, a practitioner must hold a New York license, or be otherwise authorized to practice, when providing professional services to a patient located in New York or when the practitioner is located in New York.

EMRs: Same Responsibilities as any Other Medical Record

EMRs are subject to the same confidentiality and privilege as any other medical record. Privacy and security should be maintained and, to ensure this, encryption or password-restricted access may be necessary. It is necessary that EMRs can be reproduced if requested by patients or by court order and that fees charged for such reproduction are consistent with New York laws and regulations. Practitioners should also be aware that they are responsible for maintaining the confidentiality of

the records of their patients and, therefore, must ensure that the billing or storage vendors engaged by them agree to follow all relevant privacy and security rules regarding medical records, and that the records will not be destroyed or released unless so directed by the licensee.

Cautions Regarding e-Data

One must remain cognizant of the fact that cell phones, e-mail, and text messages may not be secure modes of communication, specifically recognizing the question of who has access to the communication device and/or communication. Web-based applications vary in the level of security that is provided. In addition, digital storage devices (including computer hard drives) and fax and copy machines can retain images unless they are electronically wiped. Before disposing of a computer, it is the licensed professional's responsibility to ensure that all patient information is securely deleted. It is strongly recommended that once the memory is cleared of patient information, the device should be destroyed in a secure manner. It is important that patients are informed that there are risks to electronic communication. In addition, one should have a contingency plan in the event that telecommunications fail (i.e., another way to contact patient). Finally, one must be aware that there is always a potential for an individual to misrepresent his/her name, presenting problem or other information when engaging in electronic communications and the licensee bears responsibility for assuring the identity of the client.

Social Media Telecommunications

Social Media has great potential as a public education tool that can be used to reach a wide audience with information about mental health. One should, however, remain aware that a professional web presence must be consistent with laws and regulations related to advertising and engaging in professional relationships. A personal web presence can potentially involve issues of boundary violations and should not allow client access.

Example: Friend requests on social media sites should be confined to friends and colleagues, while not accepting such requests from clients or potential clients.

An individual licensed under Title VIII of the Education Law may be charged with unprofessional conduct under section 29.1 of the Rules of the Board of Regents for advertising that is not in the public interest if he/she engages in advertising on web-postings that are fraudulent, false, deceptive or misleading, to the same extent as advertising in more traditional media.

While a licensed professional cannot be responsible for the client's social media interactions, when appropriate, the licensee should provide information to patients or discuss with them some of the pitfalls of social media as it may relate to the receipt of professional services. Due to the persistent stigma about mental illness and treatment, the licensed professional may want to point out to the client that certain activities may provide more information than the client is comfortable with sharing in the social media community, such as:

- posting a status update of "waiting in Dr. Smith's office for my weekly psychotherapy session" or
- allowing the GPS device in his/her smart-phone, tablet or computer to identify his/her location as the office of "Dr. Jones, Psychotherapist."

The licensee may be wise to consider including similar examples as a cautionary note to be discussed as part of the informed consent process, to avoid unfortunate, accidental disclosures of information.

Videoconferencing

Videoconferencing includes varied points of delivery, including hospitals/ER's, Community Mental Health Centers (CMHCs), doctors' offices, institutional settings (e.g., nursing homes, prisons, schools), and clients' homes

Clinical applications of videoconferencing include clinical interviews for intake and diagnosis, consultation with other providers including the referring provider and with family members, emergency pre- and post-hospitalization evaluations, outpatient psychotherapy (scheduled and crisis), medication management or consultation, and professional consultation.

Videoconferencing may include supervision and consultation. A licensed professional who is consulting with other health professionals or, if allowed by State law and regulation, receiving supervision through video technology, should exercise caution in these interactions, in order to ensure the confidentiality of patient information. A licensed professional remains responsible for the security of patient communications and information to the same extent as if the session or consultation were occurring with all parties in the practitioner's office. Prior to using any videoconferencing technology, the licensed professional should verify the encryption and security of data to protect the confidentiality of patient information.

Potential benefits of videoconferencing may include that it:

- can reduce costs to both client and practitioner,

- can reach individuals who might not otherwise have access to treatment,
- has overall empirical support for outcomes similar to traditional psychotherapies, and
- clients report positive experiences with videoconferencing.

Concerns regarding videoconferencing include whether practitioners are:

- ensuring that clients are able to adequately participate and understand the appropriate uses of videoconferencing (Informed Consent);
- whether videoconferencing technologies that are used are secure;
- whether the empirical validation of this methodology is sufficient; and
- whether individual states require that practitioners are qualified and licensed to practice within that state.

If using telecommunications, it is recommended that patients are informed there are risks to electronic communications. Clinicians should also have a contingency plan for telecommunications failures (e.g., a back-up way of contacting the patient). Patients should be informed as to how they can verify the clinician's professional license (the license status of all New York licensees can be ascertained [here](#)), and clinicians should be aware of the potential for patient misrepresentation.

Avatars & Virtual Environments (VE)

Avatars and virtual environments (VE) are increasingly being researched for clinical application possibilities. Applications being investigated include treatment of depression, eating disorders, social anxiety and other phobias, autism spectrum disorders, PTSD and schizophrenia.

Avatars are used to create a virtual representation of the client, the practitioner (agent) or both; however, it may be unclear whether the "agent" is an actual trained clinician or a computer programmer. *Professional services must be rendered only by those authorized to do so.* VEs are used to create planned and controlled environments that allow the client to be exposed to a situation or to explore an environment that relates to the issues of focus.

The potential benefits of avatars and VEs include some empirical support for the effectiveness of these techniques, reduction of costs to both client and practitioner, and greater accessibility to environments for exposure therapies.

Concerns regarding avatars and VEs include determining who the virtual therapeutic agents are, ensuring that they are authorized to provide professional services, ; defining the roles and training of virtual therapeutic agents; and determining whether these techniques are safe and effective, whether the technologies used are secure, and whether each client knows how to exit the program if under duress (e.g., during an immersion).

Effective & Legal Telepractice

Telepractice should be considered a modality and applied only as appropriate to address the client's needs. In order to engage in telepractice in an effective, safe and legal manner, licensed mental health professionals should:

- Develop procedures for and obtain informed consent prior to providing remote services.
- Ensure that informed consent includes both benefits and risks.
- Conduct an initial assessment of each client to determine whether the telepractice modality is appropriate, given the client's treatment needs. If not, determine available alternatives and consider referrals.
- Learn relevant telepractice laws across all jurisdictions in which they will be providing online services before such services are provided.
- Not practice outside the scope of their license and training.
- Attend to issues of danger to self or others in duty to warn and protect situations, and to mandated reporting requirements in accordance with law.
- Make arrangements, as appropriate, in the consumer's local area to address emergency and crisis situations that may arise, and be knowledgeable of community resources that may be accessed in such situations.
- Ensure the accuracy of advertising and public statements about telephone and online services offered without making statements that imply a level of treatment or effectiveness that is beyond what is actually provided.
- Remain aware of the limitations of the online services provided and the technology used to offer these services.
- Evaluate online services offered to ensure their effectiveness and to modify them, as needed, on the basis of outcome data to most effectively meet client needs.
- Stay within one's scope of practice and limits of competence. As with all emerging areas of practice, one should use caution to ensure competence of the practitioner and the protection of clients.
- Attend to cultural, ethnic, language and other differences that may impact on their ability to effectively communicate with and treat clients.
- Employ professional standards of practice that include adequate documentation and record keeping, adherence to termination and abandonment guidelines, and appropriate practices for fees and financial arrangements.

- Verify the client's state of residence prior to providing telepractice services, as this may dictate those states in which a practitioner must be licensed.
- Possess the technological competence and clinical competence necessary to provide services via the online modality offered.
- Consult knowledgeable colleagues, relevant statutes, applicable ethical codes and available professional standards when unsure of any of the above.
- Consult with an attorney specifically experienced in these matters when legal questions arise.

1. The client's state of residence is the state in which the client is physically located at the time of the telepractice session. This is the state in which the practitioner must be licensed to provide services.

2. The client's state of residence is the state in which the client is physically located at the time of the telepractice session. This is the state in which the practitioner must be licensed to provide services.

Social Worker Form 6 Plan for Supervised Experience

Application for Licensed Master Social Worker 73 \$10 MI

A Licensed Master Social Worker (LMSW) must be registered to practice in New York State and may only provide clinical social work services, including psychotherapy, under the supervision of a Licensed Clinical Social Worker (LCSW), licensed psychologist or licensed physician who is board-certified in psychiatry in an authorized setting, as defined in Education Law and Commissioner's Regulations. The setting is responsible for employing the LMSW and the qualified supervisor to provide clinical social work services; a LMSW cannot employ or contract with a supervisor.

Prior to starting your supervised experience, you can verify the license status of your proposed supervisor on the Office of the Professions' web site at www.op.nysed.gov/opsearches.htm. This form must be submitted prior to being employed or supervised by your proposed supervisor. This form will not be reviewed if submitted after the supervised experience has been completed.

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. Use the psychotherapy log to document your hours of practice and supervision.
2. Send the entire form along with a copy of Appendix A to your supervisor and have them complete Section II. Return all pages along with the \$10 fee directly to the Office of the Professions at the address at the end of this form.

Section I: Applicant Information

<p>1. Social Security Number <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> <i>(Leave this blank if you do not have a U.S. Social Security Number)</i></p> <p>3. Print Name Last <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> First <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Middle <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>	<p>2. Birth Date Month <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Day <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Year <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>5. Telephone/Email Address Daytime Phone <input type="checkbox"/> Home or <input type="checkbox"/> Business <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Area Code Phone Email Address (please print clearly) <input type="checkbox"/> Home or <input type="checkbox"/> Business</p>
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Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4. Mailing Address Home or Business
 (You must notify the Department within 30 days of any address or name changes)

Line 1
 Line 2
 Line 3
 City
 State ZIP Code
 Country/Province

6. 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)

7. New York State LMSW license number M.S.W. degree date mo. day yr.
 Date LMSW license issued mo. day yr. Date registration ends mo. day yr.

8. 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 be 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 supervisor _____
 Name of setting _____
 Setting address _____

9. 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.

Signature _____ Date _____

Section II: Supervisor's Verification of Plan for Experience

Instructions to the Supervisor: Read the attached Appendix A and complete all of Section II. Be sure to sign the affidavit and return the entire form directly to the Applicant. By completing Section II, you are certifying that the person named in Section I will receive supervision that meets the requirements as defined in Education Law and the Commissioner's Regulations.

1. Name of the applicant _____
(see Section I, Item 3)

2. Supervisor name _____

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

Are you ABPN certified in psychiatry? Yes No If "yes", ABPN certificate number _____

3. Please identify the employment setting below and attach the operating certificate, NYSED waiver or certificate of incorporation that authorizes the entity to employ LMSWs and LCSWs.

Agency/Practice Name _____

Type of Setting (check one)

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 Corrections and Community Supervision (DOCCS), Department of Health (DOH), State Office for the Aging, or local social service or mental hygiene district (attach operating certificate)

Elementary, middle, high school or college authorized to provide psychotherapy services to students (attach copy of authorization)

Psychotherapy Institute chartered by Board of Regents and authorized to provide psychotherapy to the public (attach copy of Regents Charter)

Not-for-profit or other entity authorized by waiver from the State Education Department to employ licensed professionals and provide services (attach waiver and certificate of incorporation)

Other (describe) _____

Agency/Practice address _____

Agency/Practice Phone _____ Fax _____ Email _____

Agency/Practice web site _____

The supervisor must be employed by the same agency as the LMSW and have access to all patient files and records; have responsibility for the assessment, evaluation and treatment of each patient diagnosed and treated by the LMSW practicing under his/her supervision; and each patient must consent to treatment by the supervised LMSW.

Attestation

I hereby certify that I have read Appendix A and that I meet the requirements to supervise a LMSW practicing clinical social work. I understand that the information above will be used to review the plan, all answers given are truthful and accurate to the best of my ability.

Supervisor Signature _____ Date _____

Print Name _____

Address _____

Telephone _____ Fax _____

Email _____

If you are submitting an Initial Form 6, mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201, U.S.A., DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

Appendix A, Requirements for Supervised Experience LMSW

You must document the completion of three years of post-graduate 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.

Experience shall consist of not less than 2,000 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 a professional 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 100 or more 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 program or service approved by the New York State Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), Office Addiction Services and Supports (OASAS), Office of Children & Family Services (OCFS), Department of Corrections and Community Supervision (DOCCS), Department of Health (DOH), State Office for the Aging, or local social service or mental hygiene district;
- 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.

Psychotherapy Log

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

Page

Applicant name _____

Supervisor name _____

of _____

Week starting date for psychotherapy (mo./day/yr.)		Client Contact Hours/Week*	Applicant Initials	Supervision Type (Individual or Group)**	Supervision Hours/Week**	Supervisor Initials

*Client contact hour = 45 minutes of psychotherapy (shorter sessions may be combined)
 **Supervision = at least 100 hours of in person supervision given by the attesting supervisor