

Section II: Supervisor'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):

- Office of Mental Health (OMH) approved setting
- Office for People with Developmental Disabilities (OPWDD) approved setting
- Office of Alcoholism and Substance Abuse Services (OASAS) approved setting
- Department of Health (DOH) approved setting
- Office of Children & Family Services (OCFS) approved setting
- Department of Corrections and Community Supervision (DOCCS) approved setting
- Office of a licensed Marriage and Family Therapist, Mental Health Counselor, or Psychoanalysis (not owned by the applicant)
- Office of a licensed physician, clinical social worker, or psychologist (PLLP, PLLC)
- State Office for the Aging approved setting
- Not-for-profit or educational corporation issued a waiver by the State Education Department
- Public health agency or setting approved by the social services district
- Office of a licensed Marriage and Family Therapist, Mental Health Counselor, or Psychoanalysis (not owned by the applicant)
- Office of a licensed physician, clinical social worker, or psychologist (PLLP, PLLC)
- Other setting (describe): _____

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.

Supervisor Signature _____ Date _____

Print Name _____

Address _____

Telephone _____

Fax _____

Email _____

Submitting this form

Upload this form in your online diagnostic limited permit application. If you have already submitted your online diagnostic 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 submit it by email to DPLSExperience@nysed.gov.

Or

You can mail this form along with any required documentation to: New York State Education Department, Office of the Professions, Mental Health Practitioner Unit, 89 Washington Avenue, Albany, NY 12234-1000.