

# Mental Health Counselor Form 5 Application for Limited Permit

## Applicant Instructions

1. A limited permit authorizes practice as a Mental Health Counselor under the general supervision of an appropriately licensed professional, as determined by the Department. Complete Section I. You must answer all questions **in ink** (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Be sure to sign and date item 9.** Give your prospective supervisor a copy of Appendix A along with both pages of this application. It is your responsibility to ensure your supervisor fully completes Section II.
2. You may apply for a limited permit either at the same time as or after submitting an application for a license as a Mental Health Counselor in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee (\$371), you must submit them with this form and the limited permit fee.
3. Submit this application and the limited permit fee (\$70) to the Office of the Professions at the address at the end of this form. The limited permit fee is not refundable. **Permits cannot be issued until all required documentation has been received and approved.** The provisional permit is valid for a period of two years. The permit may be extended for up to two additional one-year periods at the discretion of the Department. To apply for an extension, you must submit a new Form 5 and limited permit fee (\$70) along with a justification for the extension.
4. If you change supervisors or have additional settings or supervisors after a permit is issued, you must obtain an amended permit. Complete a new Form 5 with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a permit issued as a result of a change in supervisor or setting.

Application for Mental Health Counselor

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## 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
5. Telephone/Email Address  
Daytime Phone  
 Home or  Business  
  
Area Code                      Phone  
Email Address (please print clearly)  
 Home or  Business
4. Mailing Address  Home or  Business  
*(You must notify the Department promptly 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. I am applying for  Original Permit (Include \$70 fee)                       Extension (Attach justification and include \$70 fee)  
 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.

8. Name of prospective supervisor \_\_\_\_\_

9. I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and certification/licensure and may result in criminal prosecution.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

