

Licensed Clinical Social Worker Form 5 Application for Limited Permit

Applicant Instructions

1. A limited permit authorizes practice as a licensed clinical social worker under the supervision of an New York State licensed, currently registered, LCSW. 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 LCSW in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee (\$294), 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 one year. The permit may not be extended.
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 Licensed Clinical Social Worker **73** **\$70** **PR**

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. 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
5. Telephone/Email Address
Daytime Phone
 Home or Business

Area Code Phone
Email Address (please print clearly)
 Home or Business
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) Additional Supervisor
 Additional Setting Change of Supervisor*
 Change of Setting*

*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 _____

Section II: Supervisor's Certification

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

Supervisor Instructions: Complete Section II to certify that the applicant will be supervised at the setting named below. .

Applicant's Name _____
(Section I, item 3)

Supervisor's Name (print full name, no initials): _____

New York State LCSW License number _____ Date licensed _____
mo. day yr.

Setting in New York State where experience will take place:

Name _____
(Spell out/No abbreviation)

Address _____
Street City State Zip Code

The above facility is a (check one, attach a copy of operating certificate or certificate of incorporation)

- 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 (attach operating certificate).
- Not-for-profit or educational corporation issued a waiver by the State Education Department under 6503-a or 6503-b.
- Office of a licensed clinical social worker or licensed master social worker
- Professional corporation, PLLC, PLLP, professional partnership
- Other setting (describe) _____

Attestation

I will supervise the permit holder in accordance with the requirements in Appendix A. 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.

Supervisor Signature _____ Date _____

Print Name _____

Address _____

Telephone _____

Fax _____

Email _____

If you are applying for an original permit, 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.

If you are ONLY applying for a change of, or additional supervisor/setting, mail this form to: New York State Education Department, Office of the Professions, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000. **No fee is needed for this option.**