

Waiver Entity Change of Information Form

Instructions

Use this form to submit a change in information about an entity that has received a waiver from the corporate practice restrictions under subsection 6503-a (SWMHP) or 6503-b (4410/EI) of the Education Law. Please read the instructions carefully and be sure you complete the appropriate sections of the form and, where indicated, attach supporting documentation.

Identifying information

Please provide the requested information about the entity holding the waiver, as well as the name and contact information for the person completing this form, in case there are questions during the review.

Address change

For a change in the primary address for the entity, including a new website, phone or fax number and e-mail address, please complete **Section I**.

Note: If the entity is adding or deleting sites other than the primary address, please complete and submit a Request for Additional Setting (Form CE-2 for an SWMHP entity or Form SE-2 for a 4410/EI corporation) available at www.op.nysed.gov/prof/sw.

Name change

For a change in the name of the entity, please complete **Section II**. You must include a copy of the revised Certificate of Incorporation, Board of Regents charter, or other document that authorizes the entity to provide professional services and indicates the name change.

Personnel change

For a change in the Executive Director, CEO, CFO or COO who is authorized to act on behalf of the entity holding a waiver, or a change in the members of the Board of Trustees or Board of Directors for the entity, please complete **Section III** (attach additional pages if needed). A new Executive Director, CEO, CFO or COO of the entity, or a new member of the Board of Trustees or Board of Directors, must complete and submit a Moral Character Attestation (Form CE-1 for an SWMHP entity or Form SE-1 for a 4410/EI corporation) available at www.op.nysed.gov/prof/sw.

Other changes

A **revised/updated application** should be submitted by an entity holding a waiver under 6503-a (SWMHP Form CE) or 6503-b (4410/EI Corporation Form SE) of the Education Law in order to add or delete one or more of the profession(s) in which the entity will provide services that are restricted under Title VIII of the Education Law. The application forms are available at www.op.nysed.gov/prof/sw.

The Executive Director of an entity that has had a contract, license or operating certificate issued by a New York State, federal or local government unit, revoked, suspended or annulled or which is under investigation must report this in writing to the Office of the Professions, State Board for Social Work, 89 Washington Avenue, 2nd Floor, Albany, NY 12234.

Identifying information:

Name of the entity (currently on record): _____

Type of waiver and waiver number (check all that apply):

SWMHP Waiver Number: _____

4410/EI Waiver Number: _____

Contact person (check one): New No change

Name: _____

Telephone: _____ Fax: _____

Email address: _____

Section I: Primary address change (provide NEW information below)

Street and Number: _____

City: _____

County: _____

Telephone: _____

Fax: _____

Email: _____

Website: _____

On what date did the change take effect? _____

Note: Please use Form CE-2 (SWMHP) or SE-2 (4410/EI) to add or delete additional sites for the entity.

Section II: Name change

1. New name: _____

2. Has the Department of State provided an updated certificate of incorporation?

No

Yes (Please attach an updated certificate.)

3. Has the Board of Regents issued a new charter to the education corporation?

No

Yes (Please attach an updated certificate.)

4. If the entity holds a 4410/EI waiver, please provide a copy of an authorizing letter from the Education Department or the Department of Health, as appropriate, for the newly named entity.

Section III: Personnel change(s)

Please give the full name and preferred contact (home or business) information for a new CEO, COO, CFO or other person(s) authorized to act on behalf of the entity and for each new corporate officer, trustee and director of the entity. Please attach a completed Moral Character Attestation (Form CE-1 or Form SE-1) for each new individual named below (attach additional sheets, if needed):

Full name: _____

Title: _____

Preferred address: _____

Preferred telephone: _____ Email: _____

Person they are replacing: _____

Full name: _____

Title: _____

Preferred address: _____

Preferred telephone: _____ Email: _____

Person they are replacing: _____

Full name: _____

Title: _____

Preferred address: _____

Preferred telephone: _____ Email: _____

Person they are replacing: _____

Attestation

The undersigned affirms under penalty of perjury that the answers and statement made in this application are true and have been made and given with the intent of having the New York State Education Department and the Office of the Professions rely on the truth thereof.

Signature of authorized representative Date

Print name of authorized representative Title of authorized representative

Mail this form to: New York State Education Department, State Board for Social Work, 89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000