

## Creative Arts Therapist Form 5CS Certification of Supervisor for Limited Permit

**Use this form ONLY if you are applying/have applied for a New York State Limited Permit as a Creative Arts Therapist online.**

### Applicant Instructions

- Complete Section I. Give your supervisor a copy of Appendix A and have them complete Section II. It is your responsibility to ensure your supervisor fully completes Section II. Failure to complete this form will delay its review. Submit the completed certification to the Office of the Professions as directed at the end of the form.
- If you change supervisors or have additional settings or supervisors after a permit is issued, you must obtain an amended permit. Complete the online Limited Permit Change Form application (<https://eservices.nysed.gov/professions/wf/limited-permit-change>) and submit a Form 5CS for each new prospective supervisor. A new fee is not required for a permit issued as a result of a change in supervisor or setting.

### Section I: Applicant Information

1. Social Security Number \_\_\_\_\_ 2. Birth Date Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
*(Leave this blank if you do not have a U.S. Social Security Number)*

3. Print Name Last \_\_\_\_\_  
 First \_\_\_\_\_  
 Middle \_\_\_\_\_

4. I am applying for  Original Permit  Extension  
 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.

### 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 and/or experience requirements. The permit is valid for two years, and may be extended, at the discretion of the Department, for up to two additional one-year periods. The applicant may not be employed until the limited permit is issued.

**Supervisor Instructions:** Complete Section II to certify that the applicant will be supervised at the setting named below. **You must also give the applicant a copy of the operating certificate, corporate waiver certificate, authorization letter or certificate of incorporation if required. This document authorizes the proposed setting to employ licensed professionals and provide services that are restricted under Title VIII of the Education Law.**

Supervisor's Name \_\_\_\_\_

I am licensed and currently registered to practice in New York State as a:  Creative Arts Therapist  Physician  
 Physician Assistant  Registered Professional Nurse  Licensed Clinical Social Worker  Psychologist  
 Nurse Practitioner in (specialty) \_\_\_\_\_

New York State License number \_\_\_\_\_ Date licensed \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr.

Registration Expiration Date \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr.

**Employer** (Employer and practice site must be located in New York State.):

Business Name \_\_\_\_\_  
 (Spell out/No abbreviation)

Business Address \_\_\_\_\_  
 \_\_\_\_\_ Street  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
 \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**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.** Be sure to give a copy of the required document to the applicant. This document **MUST** be included with the application. Failure to provide this information will delay the review of the limited permit application. (Check one):

- Office of Mental Health (OMH).** Be sure to attach a copy of the Operating Certificate.
- Office for People with Developmental Disabilities (OPWDD).** Be sure to attach a copy of the Operating Certificate.
- Office of Addiction Services and Supports (OASAS).** Be sure to attach a copy of the Operating Certificate.
- Department of Health (DOH).** Be sure to attach a copy of the Operating Certificate.
- Office of Children & Family Services (OCFS).** Be sure to attach a copy of the Operating Certificate.
- Department of Corrections and Community Supervision (DOCCS).** Be sure to attach a copy of the Operating Certificate.
- State Office for the Aging.** Be sure to attach a copy of the Operating Certificate.
- Not-for-profit, religious, or educational entity issued a corporate waiver by the New York State Education Department.** Be sure to attach a copy of the Corporate Waiver Certificate.
- Psychotherapy Institute chartered by the New York State Education Department Board of Regents.** Be sure to attach a copy of the Corporate Waiver Certificate.
- A program or facility authorized under Federal Law to provide services that are within the scope of practice of creative arts therapy.** Be sure to attach a copy of the Authorization letter verifying the provision of professional services.
- Public health agency or setting approved under the Mental Hygiene Law or a local social services district.** Be sure to attach a copy of the Authorization letter verifying the provision of professional services.
- College and University Counseling Centers.** Be sure to attach a copy of the Authorization letter verifying the provision of professional counseling services to students.
- Office of a licensed physician, clinical social worker, psychologist, or creative arts therapist (PC, PLLC, PLLP) (not owned by the applicant).** Be sure to attach a copy of the Certificate of Incorporation.
- Office of a professional licensed to practice creative arts therapy as a sole proprietor not incorporated (not owned by the applicant).** No attachment required.

**Attestation**

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 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 limited permit application. If you have already submitted your online 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 mail this form along with any required documentation to: New York State Education Department, Office of the Professions, Creative Arts Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000

## Appendix A, Requirements for Supervised Experience for Licensure as a Creative Arts Therapist

The experience requirement for licensure as a Creative Arts Therapist requires completion of a supervised experience of at least 1,500 clock hours providing Creative Arts Therapy in a setting acceptable to the Department. The supervised experience must be obtained after completion of the professional education requirement for licensure. All experience must be documented on Form 4B.

The supervised experience and practice under a limited permit must meet the following supervision and setting requirements.

### Supervision of Experience

The supervisor must be licensed and registered in New York State as a Creative Arts Therapist, physician, physician assistant, psychologist, licensed clinical social worker, or registered professional nurse or nurse practitioner and competent in Creative Arts Therapy for experience completed in New York State, or a supervisor in another jurisdiction must have the equivalent qualifications as determined by the Department.

An applicant must obtain experience for licensure while under the general supervision of a qualified supervisor. General supervision means that a qualified supervisor is available for consultation, assessment and evaluation when professional services are being rendered by an applicant and the supervisor exercises the degree of supervision appropriate to the circumstances.

The supervisor must provide at least one hour per week or four hours per month of in-person individual or group supervision where the supervisor:

- reviews the applicant's assessment, evaluation and treatment of each client under his or her general supervision; and
- provides oversight, guidance and direction to the applicant in developing skills as a Creative Arts Therapist.

In addition, the supervisor is responsible for appropriate oversight of all services provided by a limited permit holder under his or her general supervision. **No supervisor can supervise more than five limited permit holders.** The supervisor must not have a personal relationship with, or be related to, the applicant.

### Setting for Experience

An acceptable setting is defined in the Commissioner's Regulations as:

- i. a professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of Creative Arts Therapy;
- ii. a sole proprietorship owned by a licensee who provide services that are within the scope of his or her profession and services that are within the scope of practice of Creative Arts Therapy;
- iii. a professional partnership owned by licensees who provide services that are within scope of practice of Creative Arts Therapy;
- iv. a hospital or clinic authorized under Article 28 of the Public Health Law to provide services that are within the scope of practice of Creative Arts Therapy;
- v. a program or facility authorized under the Mental Hygiene Law to provide services that are within the scope of practice of Creative Arts Therapy;
- vi. a program or facility authorized under Federal Law to provide services that are within the scope of practice of Creative Arts Therapy;
- vii. an entity defined as exempt from the licensing requirements or otherwise authorized under New York State law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of Creative Arts Therapy.

The setting where the experience is gained is responsible for the services provided by individuals gaining experience for licensure. The setting is also responsible for providing adequate supervision to such individuals and for assigning a qualified supervisor, as defined in this section, to individuals gaining experience for licensure.

The practice of Creative Arts Therapy is defined in Education Law as:

- the assessment, evaluation, and the therapeutic intervention and treatment, which may be either primary, parallel or adjunctive, of mental, emotional, developmental and behavioral disorders through the use of the arts as approved by the Department;
- the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate Creative Arts Therapy services;

Not less than 1,000 clock hours of such required experience or 66% of the hours in any setting shall be direct client contact in the practice of Creative Arts Therapy. The remaining experience may include other activities that do not involve direct client contact, including but not limited to, record-keeping, case management, supervision and professional development.