

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 mental health counseling.** 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 mental health counselor (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 mental health counseling 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, Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000

Appendix A, Requirements for Supervised Experience for Licensure as a Mental Health Counselor

The experience for licensure as a Mental Health Counselor requires completion of a supervised experience of at least 3,000 clock hours providing Mental Health Counseling 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 Mental Health Counselor, physician, physician assistant, psychologist, licensed clinical social worker, or registered professional nurse or nurse practitioner and competent in Mental Health Counseling in New York State. An application 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 Mental Health Counselor.

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 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 Mental Health Counseling;
- ii. a sole proprietorship owned by a licensee who provides services that are within the scope of his or her profession and services that are within the scope of practice of Mental Health Counseling;
- iii. a professional partnership owned by licensees who provide services that are within the scope of practice of Mental Health Counseling;
- 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 Mental Health Counseling;
- v. a program or facility authorized under the Mental Hygiene Law to provide services that are within the scope of practice of Mental Health Counseling;
- vi. a program or facility authorized under Federal Law to provide services that are within the scope of practice of Mental Health Counseling;
- 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 Mental Health Counseling.

The setting where the experience is gained is responsible for the services provided by the 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 Mental Health Counseling is defined in Education Law as:

- the evaluation, assessment, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; and
- the use of assessment instruments and Mental Health Counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate Mental Health Counseling services.

Not less than 1,500 clock hours of such required experience, or one-half of the hours in any setting, shall consist of direct contact with clients in the practice of Mental Health Counseling. The remaining experience may consist of other activities that do not involve direct client contact, including but not limited to, recordkeeping, case management, research, supervision and professional development.