Licensed Clinical Social Worker Form 2

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Certification of Professional Education

Applicant Instructions

- 1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.
- Send the entire form to the institution(s) you attended and ask the registrar to complete Section II and forward all pages of the form
 directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution.
 This form will not be accepted if submitted by the applicant.
- 3. An official transcript or marksheets are required if you completed a program that is not registered by the Department as licensure qualifying at the time of your graduation.

Section I: Applicant Information				
1	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 as It Appears on Your Application for Licensure (Form 1)			
	_ast			
	First			
	Middle			
4				
4	Mailing Address (You must notify the Department promptly of any address or name changes.)			
	Line 1			
	ine 2			
	Line 3			
	City			
	State Zip Code D D D D D D D D D D D D D D D D D D D			
	Province			
5	Print your name as it appears on your degree or diploma.			
	Name:			
6	School attended:			
	(Name) (city/state or country)			
7	Name of degree/diploma:			
8	3			
	Date degree/diploma awarded: / / mo. day yr.			
9	Trequest and give my permission to the concernated in term of above to complete content in an and main to the room			
	State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.			
	Applicant's Signature			
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Section II: Certification of Professional Education				
1.	 Instructions to Registrar: Complete Part A or Part B to document the applicant's education. Complete Part C (Certification) and return the entire form directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if returned by the applicant. 			
Nar	Name of Applicant:(Section I, item 5)			
Part A - Completion of Education Requirement:				
The applicant completed a master of social work program that was, at the time the degree requirements were met, registered as licensure-qualifying by the New York State Education Department for the Licensed Clinical Social Worker.				
It is certified that the applicant:				
	completed the program on / / State Education Department Program Code: mo. day yr.			
	and was awarded the degree/diploma of: on /			
	(Title of degree/diploma) mo. day yr. OR			
	on / the institution determined that the applicant has met all requirements for the degree/diploma and the mo. day yr.			
	institution has agreed to award the degree/diploma of			
	THE PROGRAM. An official transcript or marksheet giving courses completed by year and grades and a syllabus of the course of studies completed must be attached. 1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:			
	Entrance date: / / Completion date: / / / mo. day yr.			
	☐ Withdrawal date: / / / mo. day yr.			
	Did the applicant complete a field practicum of at least 900 clock hours? (check one)			
	If "no", number of clock hours completed:			
2.	Degree/diploma conferred:			
3.	3. Date degree/diploma conferred: / /			
	Name of accrediting body or official organization that recognizes this program:			
	Address of accrediting body or organization that recognizes this program:			
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Part B (continued) - LIST THE COURSES THAT WERE COMPLETED IN THE M.S.W. PROGRAM THAT MEET THE REQUIREMENT FOR AT LEAST 12 SEMESTER HOURS, OR THE EQUIVALENT, OF CLINICAL COURSEWORK THAT PREPARES THE APPLICANT TO PRACTICE AS A LICENSED CLINICAL SOCIAL WORKER. The courses listed must be included on the official transcript provided by the graduate social work program.				
Required Content Area	Course Number, Title and Semester Hours			
Diagnosis and assessment in clinical social work process				
Clinical social work treatment				
Clinical social work practice with general and special populations				
Part C - Certification: This form will not be accepted if the date below precedes the date in either Part A or Part B. I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.				
Signature of Registrar	Date /			
Type or print name Amy Greenberg, LCSW, MA				
Title or official position Director of Interships and Programs				
Institution Loyola University Chicago				
Address 820 N. Michigan Ave. Chicago, IL 60615 (SEAL)				
Telephone 312-915-7039				
Fax 312-915-7090				
E-mailagreenberg2@luc.edu				
Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000.				
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Section II: Certification of Professional Education (continued)