



Form to Document New York State Professional Licensure Exemption In Accordance with Part Y of Chapter 57 of the Laws of 2018

INSTRUCTIONS

The purpose of this form is to certify that your current or prior employment qualifies you for an exemption to professional licensure pursuant to Part Y of Chapter 57 of the Laws of 2018.

Complete this form if:

- 1) as of June 24, 2022, you were employed in a program or service operated, regulated, funded, or approved by any of the agencies listed in section 2, paragraph 5 of this form, **or**
- 2) on or before June 24, 2022, you were employed by a qualifying employer, but are now employed in another program or service operated, regulated, funded, or approved by any of the agencies listed in section 2, paragraph 5 of this form and would like to preserve your exemption.

Please note it is your responsibility to maintain the completed employer certifications to establish your eligibility to perform otherwise restricted practices in exempt settings.

INSTRUCTIONS FOR COMPLETING THIS FORM

Section 1 – You should complete this section with your current information.

Section 2 – You are certifying that you are entitled to practice under the exemption described in this section.

- If you are using this form to establish your eligibility for the exemption based on your current employment as of June 24, 2022, select option 1.
- If you are using this form to recertify because you were eligible for the exemption but subsequently changed employers, select option 2.

Section 3 – Your employer should complete this section. (See Note 1, below)

Section 4 – Your employer should sign this section to certify the information they provided in section 3 is true, complete, and correct to the best of their knowledge. (See Note 1, below)

For purposes of this form, the term “authorized official” means an official of a qualifying employer who has access to employment records and is authorized by the employer to certify the dates of employment for current and former employees.

NOTE 1: If you selected option 1 in section 2, only your current employer should complete section 3 and certify in section 4.

If you selected option 2 in section 2, both your last, most recent employer and your new employer must complete sections 3 and 4. Each employer should do so separately. Your last employer must complete new sections 3 and 4 in order to certify the end date of your prior employment. If you selected option 2, this means that your certification will contain two additional pages.

NOTE 2: Every time you need to recertify based on a new, qualifying employer, you must complete a new form, including all sections.

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WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documentation may be subject to criminal penalties under Education Law section 6512

Section 1: Employee Information

Please enter the following information:

Name: _____

Other names used, if any: _____

Last Four Digits of Your Social Security Number: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Section 2: Employee Understanding and Certification

I understand that:

1. The New York State Education Law contains provisions that govern professional licensure and that, to perform certain tasks in the state of New York, a professional license may be needed.
2. Article 153 of the Education Law governs professional licensure for psychologists and contains provisions regarding the scope of practice for licensed psychologists. Section 7605 of the Education Law provides certain exemptions to those licensure requirements.
3. Article 154 of the Education Law governs professional licensure for social workers and contains provisions regarding the scopes of practice for licensed master social workers and licensed clinical social workers. Section 7706 of the Education Law provides certain exemptions to those licensure requirements.
4. Article 163 governs professional licensure for licensed mental health practitioners and contains provisions regarding the scopes of practice for licensed mental health practitioners. The term “licensed mental health practitioner” includes licensed mental health counselors, licensed marriage and family therapists, licensed creative art therapists, and licensed psychoanalysts. Section 8410 of the Education Law provides certain exemptions to those licensure requirements.

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5. Historically, some positions within programs operated, regulated, funded, or approved by the following agencies have included the performance of certain tasks and duties that might otherwise have required licensure described above, such as those that performed diagnoses or independent assessment-based treatment planning.

- The New York State Office of Mental Health;
- The New York State Office for People with Developmental Disabilities;
- The New York State Office of Addiction Services and Supports;
- The New York State Office of Children and Family Services;
- The New York State Department of Corrections and Community Supervision;
- The New York State Department of Health;
- The New York State Office for the Aging;
- A local government unit as defined in section 41.03 of the Mental Hygiene Law; or
- A local Department of Social Services

Part Y of Chapter 57 of the Laws of 2018 amended Education law sections 7605, 7706 and 8410 to provide an exemption from the requirement for professional licensure under Articles 153, 154 and 163 of the Education Law for job functions performed by individuals who are or were employed as of June 24, 2022 by a program or service that is operated, regulated, funded, or approved by the agencies listed above.

These exemptions will apply to individuals for as long as they remain employed by such program or services or they accept new employment by another employer providing the same types of programs and services operated, regulated, funded or approved by the agencies listed above.

6. I am completing this form in order to prove that I am entitled to practice under the exemption described in section 5, above and that I am authorized under this exemption to perform tasks that would otherwise require a professional license in the field of psychology, social work, or licensed mental health practice, because I was previously employed in a position that allowed me to perform these functions without a professional license.

I certify, that (please check 1)

1. As of June 24, 2022, I was employed in a program or service operated, regulated, funded, or approved by the agencies listed above in section 2, paragraph 5 and I am currently employed in that **same program**. I wish to preserve my exemption from professional licensure requirements in accordance with Part Y of chapter 57 of the Laws of 2018 based on this employment.

— or —

2. On or before June 24, 2022, I was employed by a program or service operated, regulated, funded, or approved by the agencies listed above in section 2, paragraph 5, but I have subsequently accepted new employment performing similar tasks with a different employer that provides the similar types of programs and services operated, regulated, funded, or approved by the agencies listed above in section 2, paragraph 5. I wish to preserve my exemption from professional licensure requirements in accordance with Part Y of chapter 57 of the Laws of 2018 based on this continuity of employment.

Section 3. Employer Information.

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For option 1, please complete this section for your employer as of June 24, 2022 only.

For option 2 (certifications regarding subsequent employment), please complete sections 3-4 of this form for **both** your last, most recent employer and your current employer by inserting additional pages 3-4 of this form to your certification. Each employer should complete section 3 and 4, however only your last most recent employer should certify the end date of your employment in Section 3, question 6.

1. Employer Name: _____
2. Federal Employer Identification Number (FEIN): _____
3. Employer Address:

4. Employer Website (if any): _____
5. Employment Begin Date (mm/dd/year): _____
6. Still Employed? (Yes or No. If no, enter employment end date): _____
7. Employer is a provider of programs or services operated, regulated, funded, or approved by one of the following agencies, listed below? **Yes or No (if yes, check all that apply):**

The New York State Office of Mental Health;

The New York State Office for People with Developmental Disabilities;

The New York State Office of Addiction Services and Supports;

The New York State Office of Children and Family Services;

The New York State Department of Corrections and Community Supervision;

The New York State Department of Health;

The New York State Office for the Aging;

A local government unit as defined in section 41.03 of the Mental Hygiene Law; or

A local Department of Social Services

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Section 4: Employer Certification

***Employers should retain a copy of this document in their records consistent with any applicable retention time frame.**

By signing, I **certify**, that (1) that the information in Section 3 is true, complete, and correct to the best of my knowledge and belief, (2) that I am an authorized official of the employee organization named in Section 3, and (3) that the employee named in Section 1 is or was an employee of the organization named in Section 3 on the date reflected on this form.

Official's Name : _____

Official's Title: _____

Official's Phone Number: _____

Official's Email: _____

Authorized Official's Signature:

Date: _____

For more information on any of the laws referenced above, please visit the "Laws of New York" website, available here: <http://public.leginfo.state.ny.us>, click the laws tab and select Education Law. For more information on exemption from licensure requirements, please visit (link to guidance document).