



New York State Society for Clinical Social Work, Inc.

55 Harristown Rd, Suite 106

Glen Rock, NJ 07452

Tel: (800) 288-4279; Email: info.nysscsw@gmail.com; Fax: (718) 785-9582

Website: www.nysscsw.org; Facebook: www.facebook.com/NYSSCSW/info

MEMBERSHIP APPLICATION

NAME: _____ D.O.B.: _____

E-mail Address: _____

Home Address: _____ Zip: _____ Phone: _____

Private Address: _____ Zip: _____ Phone: _____

Agency/Institute/University: _____

Address: _____ Zip: _____ Phone: _____

New York State LMSW #: _____ New York State LCSW #: _____ New York State LP#: _____

New York State LMHC #: _____ New York State LMFT #: _____ New York State PSY#: _____

Please check Preferred Mailing Address: Agency Private Practice Home

I Academic Training: (Start with Graduation Social Work School)

| School | Address | Major | Degree | Year |
|--------|---------|-------|--------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

II. Post Master's Experience: Agency, Clinic, Private (Start with most recent position)

| Agency/Organization | Position Held | Hrs./Week | Dates Employed |
|---------------------|---------------|-----------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

III. NYS Licensure: LMSW LCSW R Credential

Other Certifications: _____

IV Professional Liability (malpractice) Insurance: Yes No

Carrier: _____

V Membership Level (Please circle one)

Member/Fellow ... 170.00

Student I (While in MSW training and for one year after MSW graduation)... 48.00

Student II (2nd and 3rd year after MSW graduation and enrolled as a prior Student I)... 120.00

Affiliate (does not meet the requirements of Member, but supports the society)... 120.00

OVER

VI Chapter Affiliation: Please check one.

(Applicant will be placed on Mailing List/List Serve for Selected Chapter)

- Metropolitan (Manhattan & Bronx)
 Mid-Hudson
 Nassau
 Queens
 Rockland
 Suffolk
 Staten Island
 Westchester

VII To assist with recruitment, please explain why you are joining NYSSCSW and how you heard about us:

VIII Affirmation: I affirm that the information detailed here is a true account of my training and experience.
 I agree to be bound by the NYSSCSW Code of Ethics.

Signature: _____ Date: _____

APPLICANTS APPLYING FOR FELLOW STATUS ONLY

A. Post-Master's Clinical Training: (indicate either a certification from an institute or details of 75 hours Post Master's coursework, not including workshops, seminars, or conferences.)

| School | Address | Dates | Course or Certificate |
|--------|---------|-------|-----------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

B. Supervision: (Complete only if you do not have the "R" Credential from NYS)

| Name | Institution or Professional Affiliation | Dates | Total # Hours |
|------|-----------------------------------------|-------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

C. If you do not have the "R" or "BCD" have you had personal analysis or psychotherapy? Yes No

| Date Begun | Date Ended | #Hours/Week |
|------------|------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please check any ADDITIONAL listservs you would like to be added to – Please note EACH addition is \$25 per listserv

- METROPOLITAN
 MID HUDSON
 NASSAU/SUFFOLK
 QUEENS
 ROCKLAND
 STATEN ISLAND
 WESTCHESTER

ALL APPLICANTS

Please make checks payable to New York State Society for Clinical Social Work and mail with the completed form to
55 Harristown Rd, Suite 106; Glen Rock, NJ 07452

An application using a credit card (Visa or MasterCard) may be faxed to 1-718-785-9582.

Name on card: _____

Card number: _____ Expiration Date: _____

CVV: _____ Billing Zip Code: _____