



# 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](mailto:info.nysscsw@gmail.com); Fax: (718) 785-9582

Website: [www.nysscsw.org](http://www.nysscsw.org); Facebook: [www.facebook.com/NYSSCSW/info](http://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 (2<sup>nd</sup> and 3<sup>rd</sup> 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)

- Long Island       Metropolitan (Manhattan & Bronx)       Mid-Hudson       Queens
- Rochester       Rockland       Staten Island       Westchester

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

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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: \_\_\_\_\_

I attest that my registration with the NYSED is current.

- Yes
- Non Applicable

**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**

- LONG ISLAND       METROPOLITAN       MID HUDSON       QUEENS
- ROCHESTER       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: \_\_\_\_\_