

**CERTIFICATION OF UNDER THE SUPERVISION AND ACCESSIBILITY
FOR PSYCHOLOGICAL COUNSELING SERVICES**

School Year: _____

Name (LMSW): _____ License #: _____ NPI #: _____

Signature of Licensed Master Social Worker

Date

I am providing accessibility to the Licensed Master Social Worker in the following manner:

I will keep the appropriate records documenting that the "Under the Supervision of" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student etc.)

Print Name of Supervisor: _____ NYS License #: _____ NPI #: _____

Signature of Supervisor/Title

Date

Contact Information:

Child: _____ Date of Birth: _____