

# COUNTY OF ULSTER

## DEPARTMENT OF SOCIAL SERVICES

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

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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:

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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, documentation of oversight and guidance in diagnosing and treating clients, review and evaluate the professional work.)

Print Name of Supervisor: \_\_\_\_\_ NYS License #: \_\_\_\_\_ NPI #: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Supervisor/ Title**

\_\_\_\_\_  
**Date**

\*Upload document to the CPSE Portal \*