# 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)

LCSW Member …170.00

Fellow Member …170.00

LMSW Member …140.00

BSW Member … $48.00

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

Organization/Institute Member … $500 or a reciprocal arrangement

**OVER**

VI Chapter Affiliation: Please check one.

(Applicant will be placed on Mailing List/ListServ 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:

_____

_____

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:** _____