



Schenectady County Public Health Services

Children with Special Needs
107 Nott Terrace, Suite 306
Schenectady, New York 12308-3170
Phone: (518) 386-2815
Fax: (518) 386-2801

Certification of Under the Supervision and Accessibility for Psychological Counseling Services

School Year _____ Agency Name _____

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

Signature of Licensed Master Social Worker (LMSW)

Date

I am providing under the supervision of and accessibility in the following manner:

- Be readily available to the LMSW for assistance and consultation, through phone, email or fax;
- Consult with the LMSW through regular meetings and make recommendations, as appropriate;
- Provide at least two hours per month of in person individual or group clinical supervision;
- Review and sign periodic progress notes (i.e. monthly/quarterly) prepared by the LMSW;
- Review and sign each session note;
- Review service sheets used for Medicaid billing.

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 etc.) and will provide a copy of these to the county at least quarterly.

Supervisor Name _____ License # _____ NPI # _____
(print)

Signature of Supervisor/Title

Date

Contact Information

