

## CERTIFICATION OF EXEMPTION

### IDENTIFICATION AND REPORTING CHILD ABUSE and MALTREATMENT TRAINING

Applicants for licensure and licensees applying for re-registration as **Certified Behavior Analyst Assistants, Chiropractors, Creative Arts Therapists, Dental Hygienists, Dentists, Licensed Behavior Analysts, Licensed Clinical Social Workers, Licensed Master Social Workers, Marriage and Family Therapists, Mental Health Counselors, Optometrists, Physicians, Podiatrists, Psychoanalysts, Psychologists, and Registered Nurses** must complete two hours of Department approved coursework or training in the identification and reporting of child abuse and maltreatment. A limited exemption from this requirement is available if the nature of the applicant's/licensee's practice excludes contact with children. Any licensee who asks for an exemption must notify the Department in writing, within 30 days, when the nature of the practice changes and an exemption is no longer valid.

#### APPLICANT INSTRUCTIONS

1. If you are certain that you qualify for an exemption, complete items 1-6 by printing clearly in ink in the spaces provided. Be sure to sign and date Item 7.
2. Send the completed form to the address at the end of the form to the attention of the unit for your profession (for example: Attention Medicine Unit). See item 6 for listing.

**Properly completed forms will be accepted. You will only receive notice from the Department if a request is insufficient to grant an exemption. Please retain a photocopy of this Certification of Exemption.**

**1 Social Security Number**  
 (Leave this blank if you do not have a U.S. Social Security Number)

**5 N.Y.S. License Number**  
 (If applicable)

**2 Birth Date** Month   Day   Year

**3 Print Your Name Exactly As It Appears On Your Licensure Application Or Registration**

Last

First

Middle

**6 Profession (check one)**

- Certified Behavior Analyst Assistant
- Chiropractor
- Creative Arts Therapist
- Dental Hygienist
- Dentist
- Licensed Behavior Analyst
- Licensed Clinical Social Worker
- Licensed Master Social Worker
- Marriage and Family Therapist
- Medicine
- Mental Health Counselor
- Optometrist
- Podiatrists
- Psychoanalyst
- Psychologist
- Registered Nurse

**4 Mailing Address (You must notify the Department promptly of any address or name changes.)**

Line 1

Line 2

Line 3

City

State   Zip Code

Country/Province

**7 ATTESTATION**

**59.12 (b)** The department may exempt an applicant or licensee from the coursework or training requirement of subdivision (a) of this section upon receipt of a written application for such exemption establishing that there would be no need to complete the coursework or training because the nature of the applicant's/licensee's practice excludes contact with children. It is the professional responsibility of the licensee who holds an exemption to notify the department in writing, within 30 days, when the nature of the practice changes to the extent that the basis for exemption ceases to exist.

*I, the undersigned, have read regulation 59.12(b) above and the explanation on this form. I understand the terms and conditions contained therein, and hereby declare that the nature of my practice is such that I do not treat or otherwise have professional contact either with children under the age of 18 years or persons 18 years of age and older with a handicapping condition who reside in a residential care school or facility. Therefore, I claim an exemption from the required training in child abuse and maltreatment identification and reporting pursuant to Section 59.12, Regulations of the Commissioner.*

*I also understand that should the nature of my practice change to the extent that the basis for the exemption ceases to exist, I am obligated to notify the department in writing and complete the required training within 30 days.*

*I further understand that a false statement on this document may be cause for denial or loss of licensure and may result in criminal prosecution.*

\_\_\_\_\_  
 Applicant signature

\_\_\_\_\_  
 Date

**Mail the completed form to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, 89 Washington Avenue, Albany, NY 12234-1000.

