

**The University of the State of New York  
Education Department  
Office of the Professions**

**REGISTRATION CERTIFICATE**

*Do not accept a copy of this certificate*



License Number: 083000-1

Certificate Number: 9966083

**GUARIGUATA INES  
90 BROAD ST  
NEW YORK**

**NY 10004-0000**

is registered to practice in New York State through 09/30/2020 as a(n)  
**LICENSED CLINICAL SOCIAL WORKER**

LICENSEE/REGISTRANT

*Dan S. Helt*  
EXECUTIVE SECRETARY

*Maryellen Elia*  
COMMISSIONER OF EDUCATION

*Dale E. Kell*  
DEPUTY COMMISSIONER  
FOR THE PROFESSIONS

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***What is this document?***

This is your REGISTRATION CERTIFICATE, not a license (a New York State license is issued once and does not expire). If you are practicing in New York State, your registration **must be renewed periodically**. Practice without current registration violates the Education Law and may subject you to disciplinary action.

***Should I display this REGISTRATION CERTIFICATE?***

You must display a current REGISTRATION CERTIFICATE in each office where you practice. If your practice is not in an office, have a current REGISTRATION CERTIFICATE available for inspection at all times.

***What do I do when my address or name changes?***

When your address or name changes, Education Law requires that you report this within 30 days. When your record(s) have been updated, we will send you a replacement REGISTRATION CERTIFICATE.

- ◆ Address changes can be made by providing all required information in the checklist below via *E-mail* to [op4info@mail.nysed.gov](mailto:op4info@mail.nysed.gov), *Telephone* 518-474-3817, *Fax* 518-474-1449 or Mail to Professional Licensing Services - Records and Archives, 89 Washington Avenue, Albany NY 12234-1000.
- ◆ Name changes must be made in writing to the address above with all information detailed in the checklist that follows. You will receive a new REGISTRATION CERTIFICATE in your new name. **OPTIONAL:** To receive a new LICENSE PARCHMENT, please request this in your letter and we will send fee information and a customized form.

Address Change	Name Change	Checklist Items
X	X	1. Full name currently on record (i.e., how your name now appears on your license and registration)
	X	2. New name exactly as you wish it to appear
X	X	3. Date of birth
X	X	4. Social Security Number
X	X	5. Daytime phone number
X	X	6. Profession(s) - list all professional licenses you hold in New York State
X	X	7. License Number(s) - for each of the professional licenses you list in item 6 above
X		8. Complete address currently on record
X		9. Complete new address
	X	10. Supporting legal documentation
	X	11. Original signature