Secretary of State

Office of Professional Regulation

SOCIAL WORKER

Disclosure Document for Clinical Social Workers

First Name	Middle Initial	Last Name
Samuel		Albright
		License # 089.0138059
Previous Name(s) (Maiden)		NA

Formal Education	Name of Institution:	New York University
	Dates Attended:	08 / 2011 - 05 / 2013
	Degree(s) awarded, if any:	MSW
Formal Education	Name of Institution:	Pratt Institute
	Dates Attended:	8 / 2006 - 05 / 2010
	Degree(s) awarded, if any:	BFA
Experience	Description of Practice: FACT-The Bridge	Ran a community based forensic Psy team
	Location: City/State/Zip	560 Southern Blvd Bronx NY
	Duration:	01 / 23 / 2016 - 01 / 30 / 2023
	Status:	(Full-Time) Part-Time
	Receive supervision or peer consultation?	(YES) NO
	How often?	once weekly
Experience	Description of Practice: Social Worker Western Queens Recovery	Individual and Group therapy
	Location: City/State/Zip	
	Duration:	05 / 17 / 2013 - 12 / 12 / 2014
	Status:	(Full-Time) Part-Time
	Receive supervision or peer consultation?	(YES) NO
	How often?	Once weekly
Experience	Description of Practice:	
	Location: City/State/Zip	
	Duration:	/ / - / /
	Status:	Full-Time Part-Time