

MSW CLINICAL SUPERVISION PLAN FOR LICENSED INDEPENDENT CLINICAL SOCIAL WORK STATUS

NOTE: Applicants must participate in a minimum of 150 hours of face-to-face clinical supervision with a supervisor approved by the board. Not more than 50 hours of supervision may be group supervision.

Applicant's Name

Agency/Institution of clinical social work practice

SUPERVISOR INFORMATION:

**** Must include a copy of supervisor's current professional license with this form.**

Name

Agency/Institution

Address

E-mail Address

Work Phone

Home Phone

Highest Degree Earned _____

School of Highest Degree _____

Years of post-degree clinical experience _____

SUPERVISION PLAN:

Start date of supervision: ____/____/____ Projected completion date: ____/____/____

Hours per week of clinical practice: _____ Frequency of supervision: _____

Type of supervision (Individual or Group): _____

Type of clinical practice: _____

OVER

Additional comments: _____

NOTE: Should the supervisor change at any time, a new plan must be submitted to the board's office by the applicant. Be sure to include signed Verification of MSW Supervision Practice from previous supervisor.

Signature of applicant

Date

FOR BOARD USE ONLY – Do not write in blanks:

Plan approved _____ Date _____

Plan disapproved _____ Date _____

Board comments: _____

