

IDMSW CLINICAL SUPERVISION PLAN FOR LICENSED INDEPENDENT CLINICAL SOCIAL WORK STATUS

North Dakota Board of Social Work Examiners

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SUPERVISEE INFORMATION:

**** As per N.D.C.C. 43-41-04, the individual must have “a doctorate or master’s degree in social work from a college or university”.**

Supervisee _____ License No. _____

Address _____

Phone _____ E-mail _____

SUPERVISOR INFORMATION:

**** As per N.D.C.C. 43-41-04, the supervisor must be a Licensed Independent Clinical Social Worker.**

Supervisor _____

Agency/Institution _____

Address _____

Phone _____ E-mail _____

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

SUPERVISION PLAN:

Please read thoroughly:

N.D. Administrative Code 75.5-02-03-04.1. Supervision of applicants for licensure as a licensed independent clinical social worker.

1. The applicant for licensure as a [LCSW] must submit a plan for supervision to the board's office prior to beginning the process of working toward [LCSW] status, to include the name of the proposed supervisor and a copy of the supervisor's license. Should the supervisor change, a new plan must be submitted to the board's office by the applicant.
2. The 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.
3. The applicant must maintain a record of supervision, including dates, time, and content of supervisory sessions, should the board request same for verification purposes.
4. The applicant must complete and document a minimum of [3000] hours of supervised clinical social work experience during the four-year post-master's degree period.
 - a. Initial intakes, individual, couple, family, and group therapy as well as crisis intervention with assessment and stabilization are considered clinical experience.
 - b. Related tasks included in clinical experience would encompass the provision and receipt of clinical supervision and case staffing, consultation related to therapy cases, and case management and paperwork for therapy cases.
 - c. Case management activities and brief assessments completed as part of other job responsibilities, not clients in therapy, will not be considered clinical experience.
5. The clinical supervisor must:
 - a. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, and implementing a professional and ethical relationship with clients and colleagues.
 - b. Provide individual or group, or individual and group, face-to-face supervision.
 - c. Maintain documentation of supervision, including date, time, and content of supervisory sessions.

Agency/Institution of clinical social work practice: _____

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

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

Hours of individual supervision: _____ Hours of group supervision: _____

Description of clinical practice: _____

Clinical social work areas:

**Please provide the estimated percentage of time to be spent performing each of the following aspects of clinical social work.

_____	Assessment	_____	Diagnosis
_____	Treatment (including individual, couple, family, and group psychotherapy or counseling)		
_____	Client-centered advocacy	_____	Consultation
_____	Evaluation	_____	Clinical supervision

Additional comments: _____

**** Must include a copy of the job description for the clinical social work practice in which you will be supervised.**

NOTE: If you change jobs or positions during the course of the plan, you must notify the Board office and submit a new job description. 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.

Supervisor and Supervisee must read and sign below!

"Clinical social work practice" means the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development. Clinical social work consists of assessment; diagnosis; treatment, including individual, couple, family, and group psychotherapy or counseling; client-centered advocacy; consultation; evaluation; and clinical supervision. The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in the social work code of ethics as adopted by the board of social work examiners and set forth in the North Dakota Administrative Code.

“I have read and understand the above definition of clinical social work practice and agree to supervise the above name individual within the boundaries of this definition. This supervision plan encompasses all aspects of the definition of clinical social work practice and after completing the plan, the supervisee should be competent in all areas.”

Supervisor’s Signature

Date

Signature of Supervisee

Date

FOR BOARD USE ONLY – Do not write in blanks:

Plan approved _____ Date _____

Plan disapproved _____ Date _____

Board comments: _____

