

# NORTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS

PO Box 914 - Bismarck, ND 58502-0914

Phone 701-222-0255 Fax 701-224-9824

[www.ndbswe.com](http://www.ndbswe.com) [info@ndboardofsocialwork.com](mailto:info@ndboardofsocialwork.com)

## VERIFICATION OF MSW SUPERVISED PRACTICE

PLEASE PRINT!

Applicant's Name \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Job Position/Title \_\_\_\_\_

Dates of supervised practice: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ thru \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total number of hours of supervised clinical social work practice \_\_\_\_\_

**NOTE:** This should be the total hours supervised, not the hours per week. Applicants must complete 3000 hours of supervised clinical social work practice within 4 years.

Number of hours of supervision: Individual \_\_\_\_\_ Group \_\_\_\_\_

**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.

### SUPERVISOR INFORMATION:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency/Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

Highest Degree Earned \_\_\_\_\_

School of Highest Degree \_\_\_\_\_

Years of post-degree clinical experience \_\_\_\_\_

Do you recommend this person for LCSW Licensure? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is no, please attach a written explanation.

OVER→

**ATTESTATION:** As the above applicant's supervisor, I attest that I provided clinical supervision in accordance to the Board's Law and Rules as stated below. Please check to verify each item was completed.

- \_\_\_\_\_ Understand the definition of clinical social work practice
- \_\_\_\_\_ Supervised the applicant as they completed 3000 hours of clinical social work within a 4 year period.
- \_\_\_\_\_ Provided individual or group, or individual and group, face-to-face supervision. Supervision must have included 150 hours of face-to-face clinical supervision with not more than 50 hours of group supervision.
- \_\_\_\_\_ Assisted the applicant in maintaining a record of supervision to include dates, time, and content of supervisory sessions should the Board request the record for verification.
- \_\_\_\_\_ Evaluated the applicant's knowledge and documented 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.
- \_\_\_\_\_ Upheld the Board's Law, Rules, and Code of Ethics at all times.

The supervision encompassed all aspects of the definition of clinical social work practice (ND Administrative Code 75.5-02-01-03) and the supervisee is competent in all areas.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Please return this form to the Board Office:

NDBSWE  
PO Box 914  
Bismarck, ND 58502-0914

Email: [info@ndboardofsocialwork.com](mailto:info@ndboardofsocialwork.com)