

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 ndbswe@aptnd.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 LICSW 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