

North Dakota Board of Social Work Examiners

PO Box 914 Bismarck, ND 58502-0914

www.ndbswe.com ndbswe@aptnd.com

ph. 701-222-0255 fax 701-224-9824

**MSW CLINICAL SUPERVISION PLAN FOR LICENSED
INDEPENDENT CLINICAL SOCIAL WORK STATUS**

FOR BOARD USE ONLY: Received _____ Comments _____	
___ Completed plan	___ Job Description
___ Diagnosing Letter	___ Supervisor's license
___ Completed hours	___ Sent to Committee
___ Approved Y N	___ Board meeting
___ Approved Y N	___ Comments: _____
___ Sent _____	

Please read carefully! Prior to earning clinical supervision hours for achieving LICSW status, you must submit a MSW Supervision Plan to the Board for approval. When you have completed your clinical supervision, **you should be competent in all areas of the definition of clinical social work practice given below:**

"Clinical social work practice" means the professional application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, and groups. The practice of clinical social work requires specialized clinical knowledge and advanced clinical skills in the area of assessment, diagnosis, and treatment of mental, emotional, and behavioral disorder, conditions, and addictions. Treatment methods include the provision of individual, marital, couple, family, and group psychotherapy.

The beginning date for *approved supervision plans* is the date the plan is received by the Board office. Hours earned will be retroactive to that date. Supervision hours earned before that date will not count.

Make sure you read additional requirements and information on MSW Supervision Plans at the Board's website, <https://www.ndbswe.com/lic/mswsupervisionplan.asp>. Failure to do so may result in delays of approving your plan.

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 _____

City, State, Zip Code _____

Phone _____ E-mail _____

_____ **New Supervision Plan** (you have never submitted a plan)

_____ **Revised Plan** (submitted a plan before but it was denied by the Board or required more info)

_____ **Change in employer or job position** (you had submitted a plan, but have changed jobs/positions)

_____ **Change in Supervisor** (your employer and job position are the same, but you have a new supervisor or wish to add a supervisor)

Agency/Institution of clinical social work practice: _____

Job Position/Title _____

SUPERVISOR INFORMATION:

** As per N.D.C.C. 43-41-04, The initial one thousand five hundred of the required hours must have been under the supervision of a clinical social worker. Additional hours of supervision may be under other qualified mental health professionals approved by the board if barriers due to the geographical location, disability, or other factors determined by the board to create a hardship exist for the applicant. The qualified professional must be registered or otherwise qualified as a clinical supervisor by the board that licenses the other professional.

Supervisor _____

Agency/Institution _____

Address _____

City, State, Zip Code _____

Phone _____ E-mail _____

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

**** If requesting a hardship, you must send a written request with your plan!**

Please read the following!

SUPERVISION PLAN:

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 licensed independent clinical social worker must submit a plan for supervision to the board's office prior to beginning the process of working toward licensed independent clinical social work 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 one hundred fifty hours of face-to-face clinical supervision with a supervisor approved by the board. Not more than fifty 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 three thousand hours of supervised clinical social work experience during the four-year post-master's degree period.
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.

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 (can also be done on a separate sheet): _____

Description of clinical practice cont. _____

CLINICAL SOCIAL WORK AREAS:

**Please provided the estimated percentage of time to be spent performing each of the following aspects of clinical social work. Diagnosis and treatment are critical components of private practice.

_____ 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. You must also include a **letter of diagnosing and signed by your supervisor and employer**. The letter should state if you will be diagnosing, in what capacity, the amount of time.

NOTE: If you change jobs or positions during the course of the plan, a new plan must be submitted to the board's office by the applicant along with a new job description and a new letter of diagnosing. If you add or get a new supervisor at any time, you must submit a new plan and send a copy of the new supervisor's license.

Supervisee, Supervisor and Employer must read and sign the appropriate sections below!

Attention Supervisee! Incomplete plans will not be reviewed. The Board office will email you if more information is needed. Before signing and submitting your plan, make sure you have enclosed/attached the following:

- _____ Completed plan with appropriate dates and signatures.
 - *Make sure you are giving yourself enough time to complete 3000 hours, including allowing for vacations and sick days.
 - *Make sure your plan is signed by your supervisor and employer (even if they are the same person).
- _____ Current job description of your position
- _____ Letter of diagnosing signed by your supervisor and employer
- _____ Copy of your supervisor's current license
- _____ If you are submitting a plan because you changed jobs or positions, please also send record of your supervision thus far. How many clinical supervision hours have you earned, including on what dates, and the dates and content of the supervision sessions. If you have been supervised in MN, you should submit the Supervised Practice Report.

You must complete 3000 hours within 4 years. The Board cannot extend the plan. You must track your hours and supervision. You should keep it on file and only need to submit the record if requested by the Board.

Attestation

I certify that this supervision plan is true and correct, and I am aware that any falsification could result in denial of the LICSW license.

Signature of Supervisee

Date

Supervisor: Please keep in mind that by supervising someone who is completing the 3000 hours of clinical social work, you agree to the following:

- Understand the definition of clinical social work practice
- Supervise the applicant as they complete 3000 hours of clinical social work within a 4 year period.
- Provide individual or group, or individual and group, face-to-face supervision. Supervision must include 150 hours of face-to-face clinical supervision with not more than 50 hours of group supervision.
- Assist 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.
- Evaluate the applicant’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.
- Uphold the Board’s Law, Rules, and Code of Ethics at all times.

“I have read and understand the definition of clinical social work practice and my responsibilities as a supervisor. I agree to supervise the above name individual within the boundaries of this definition and the Board’s Law & Rules. 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

Employer: This should be signed by the supervisee’s employer. The employer should be the owner, director, CEO or president of the facility/business, or the head of the department in which the supervisee practices. This may or may not be the same person as the supervisor.

I have reviewed and approve of the supervisee completing this plan in my facility or department.

Employer’s Signature

Date

Title

Facility