

## REGISTRATION OF SUPERVISION toward LCSW LICENSURE Paper ADD/CHANGE Application Checklist Instructions

### **IMPORTANT NOTICE:**

Upon completion of the enclosed paper ADD/CHANGE application for **Registration of Supervision** toward licensure as a **Licensed Clinical Social Worker (LCSW)**, you will be required to submit to the Virginia Board of Social Work the below supporting documentation with your application. Prior to **mailing** the enclosed application and below supporting documentation to the Board for consideration, we recommend that you review the [Licensure Process Handbook](#), and the [Regulations Governing the Practice of Social Work](#) available on the Board's website at [www.dhp.virginia.gov/social](http://www.dhp.virginia.gov/social) to ensure you are applying for the correct application type and have met the requirements for this application type. Pursuant to 18VAC140-20-30(B) of the [Regulations Governing the Practice of Social Work](#), all fees submitted to the Board are **non-refundable**.

We also strongly encourage you to review your application packet to ensure all forms are complete and includes all required forms and documentation. A complete application packet provides the best opportunity to avoid delays in the application review process. You should make every effort to mail all the below information in **one** complete packet to the Board office for consideration.

### REQUIRED DOCUMENTATION

**APPLICATION:** The attached application must be completed and mailed to the Virginia Board of Social Work. The enclosed application is used for those who purpose is to obtain supervised post-master's degree experience hours towards **clinical** licensure; who are requesting approval for an **addition or change** of a supervisor. *Only one (1) supervisor can be registered with this application. A new application, fee and supporting documentation must be submitted for **each** addition or change in **supervisor**. Effective as of **March 18, 2021**, supervisees no longer need to notify the Board and register whenever there is an addition or change of supervised practice, clinical social work services or location.*

**APPLICATION FEE:** A **\$25.00** application fee by check, cashier's check or money order made payable to the **Treasurer of Virginia** must be mailed with your application. Your application will not be reviewed or considered until you have submitted payment. Pursuant to [18VAC140-20-30\(B\)](#), all fees submitted to the Board are **non-refundable**.

**SUPERVISED EXPERIENCE FORM:** The attached form should be completed by the applicant and the proposed supervisor. The form must contain the original, electronic, or e-signatures of the supervisee and proposed supervisor and included in your application packet.

**SUPERVISOR'S CERTIFICATE OF TRAINING:** A copy of the proposed supervisor's certificate of completion of professional training in supervision, consisting of a three credit-hour graduate course or at least **(14)** hours of continuing education offered by a provider approved under Regulation 18VAC140-20-105 is required and should be included in your application packet. *The graduate course or hours of continuing education in supervision shall have been obtained by the proposed supervisor within the last five years immediately preceding registration of supervision. (If your proposed supervisor is currently listed on the Board's [Approved Supervisor Registry](#) at the time this application is submitted, certificates in training do not need to be submitted)*

**SUPERVISORY CONTRACT:** *(effective as of March 18, 2021)* Signed contract that outlines the expectations and responsibilities of the supervisor and supervisee. *(A template Supervisory Contract can be found on the Board's website at [https://www.dhp.virginia.gov/social/social\\_supervisors.htm](https://www.dhp.virginia.gov/social/social_supervisors.htm))*

### ADDITIONAL SUPPORTING DOCUMENTATION (if applicable)

**PROOF OF NAME CHANGE:** Documentation must be provided to show each name change(s) if your name has ever been legally changed from the time you attended school or were licensed in other jurisdictions or other than what is listed on your application. Acceptable forms of documentation include a **photocopy** of a marriage license, court order or divorce decree.

**CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS:** If you answer “YES” to any of the questions in **Part III** of the application, please include a detailed explanation **and** supporting documentation. **If you have no new convictions since your previously submitted application with the Board, please indicate in your detailed explanation that there have been no new convictions since your previous submission.** Please refer to [Guidance Document 140-2](#), available on the Board’s website, for a list of required documentation that will be needed regarding criminal convictions, past actions, or possible impairments.

## GENERAL INFORMATION

- Applications are processed in the order received. Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Practice of Social Work](#) will be reviewed within **30 days** of receipt of a **complete** application packet.
- Periodically log into the DHP license application portal at: <https://www.license.dhp.virginia.gov/apply/Login.aspx> to monitor progress of your application and remember “unchecked” items may have been received but are pending review.
- Check your registration status by going to: [License Lookup](#) (\*registration information is posted in real time).
- Please notify the Board in writing within 30 days of a name change or address change by completing the **Name/Address Change Form** available on the Board’s website at [www.dhp.virginia.gov/social](http://www.dhp.virginia.gov/social).
- **A Registration of Supervision application by Add/Change, fee and supporting documentation must be submitted for each addition or change in supervisor.**
- An incomplete application for registration will be retained on file for one (1) year. If not completed within one year of receipt, a new application and fee will be necessary.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration or license.
- Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of licensees/supervisees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publically available, please complete both sections with same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number or your control number issued by the *Virginia* Department of Motor Vehicles\*. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FALIED TO DISCLOSE ONE OF THESE NUMBERS.**
- Application and required documentation should be **mailed** to:

Department of Health Professions  
**Attn: Board of Social Work**  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233

**YOU SHOULD NOT BEGIN COUNTING HOURS TOWARDS LICENSURE UNTIL YOU HAVE RECEIVED WRITTEN BOARD APPROVAL**

*End of instructions*



**REGISTRATION OF SUPERVISION toward LCSW LICENSURE  
Paper ADD/CHANGE Application**

**FOR OFFICE USE ONLY (Finance Division)**

Fee Amount Paid  
 \$ **25.00**

Applicant ID #

Receipt #

Date Processed

**TO BE COMPLETED BY APPLICANT/SUPERVISEE**

**Part I. Supervisee's Identification & Contact Information**

Supervisee's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle/Maiden Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Social Security Number or Virginia DMV Control Number\*  
\_\_\_\_\_

Date of Birth: (MM/DD/YYYY)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Published Address:** *This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or practice location if you wish.*

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Address of Record:** *The address information you provide below is your address of record with the Board. Please be advised that all notices from the Board, to include licenses and other legal documents, will be sent to the address of record provided. If you provided a different public address above, this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.*

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address:

**Part II. Proposed Supervisor & Worksite Location Information**

**A. Proposed Supervisor's Information**

Supervisor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle/Maiden Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Does your proposed supervisor hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services will be rendered with at least two years of post-licensure clinical social work experience? *(If your answer is "No", please provide an explanation on a separate sheet of paper. The explanation must be signed and dated by both the supervisor and the supervisee)*

Yes  No

Supervisor's License Number:  
\_\_\_\_\_

**B. Proposed Worksite Information** *(location where you, the supervisee will complete hours of supervised post-master's degree experience in the delivery of clinical social works services and in ancillary services toward licensure as a LCSW)*

Name of Proposed Worksite:

**Part III. Registration Questions:** *Supervisee must answer the following questions. Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to [Guidance Document 140-2](#) for a list of required documentation that will be needed regarding criminal convictions, past actions, or possible impairments. Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.*

1. Have you ever been denied the privilege of taking an occupational licensure, certification or registration examination? <b>If Yes, on a separate sheet of paper please provide a full detailed explanation that includes what type of occupational examination, where (jurisdiction), when (dates) and why denied and attach documents referenced in Guidance Document 140-2.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency or practice? <b>If Yes, on a separate sheet of paper please provide a full detailed explanation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence, but excluding traffic violations). Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed. <b>If Yes, on a separate sheet of paper please provide a full detailed explanation and attach documents referenced in Guidance Document 140-2.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever voluntarily surrendered a license, certification or registration while under investigation? <b>If Yes, on a separate sheet of paper please provide a full detailed explanation and attach documents referenced in Guidance Document 140-2.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you the respondent in any pending or unresolved Board action in another jurisdiction or in a malpractice claim? <b>If Yes, on a separate sheet of paper please provide a full detailed explanation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Questions**

<p>1. <b>A.</b> Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? <b>If Yes, on a separate sheet of paper please provide a full detailed explanation</b></p> <p><b>B.</b> Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <b>If Yes, on a separate sheet of paper please provide a full detailed explanation and attach documents referenced in Guidance Document 140-2.</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. <b>A.</b> Within the past five years, have you been disciplined by any entity? <b>If Yes, on a separate sheet of paper please provide a full detailed explanation</b></p> <p><b>B.</b> Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <b>If Yes, on a separate sheet of paper please provide a full detailed explanation and attach documents referenced in Guidance Document 140-2.</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>3.</b> Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Social Worker or supervisee. <b>If Yes, on a separate sheet of paper please provide a full detailed explanation and attach documents referenced in Guidance Document 140-2.</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Social Worker or supervisee. <b>If Yes, on a separate sheet of paper please provide a full detailed explanation and attach documents referenced in Guidance Document 140-2.</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Social Worker or supervisee. <b>If Yes, on a separate sheet of paper please provide a full detailed explanation and attach documents referenced in Guidance Document 140-2.</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? <b>If Yes, on a separate sheet of paper please</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

*provide a full detailed explanation and attach documents referenced in Guidance Document 140-2.*

**Part IV. Military Service**

1. Are you a spouse of someone who is on federal active duty orders pursuant to Title 10 of the U. S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?  Yes  No

2. Are you active-duty military?  Yes  No

**Part V. Certification:** *This application is not valid unless properly certified by your original, electronic, or e-signature.*

I certify by my signature below that I am the person applying for licensure/certificate/registration and meet the qualifications required by Virginia laws and regulations. I certify by my signature that I have carefully read the laws and regulations Governing the Practice of Social Work in the Commonwealth of Virginia, which are available at <https://www.dhp.virginia.gov/social/>.

Further, I certify by my signature below that the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

<b>SIGNATURE:</b>	<b>DATE:</b>
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**ORIGINAL, ELECTRONIC, OR E-SIGNATURE REQUIRED**



Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Email: [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov)  
Phone: (804) 367-4441 E-Fax: (804) 977-9915  
Website: [www.dhp.virginia.gov/social](http://www.dhp.virginia.gov/social)

## REGISTRATION OF SUPERVISED EXPERIENCE TOWARD LICENSURE AS A LCSW

### IMPORTANT NOTICE:

This form must be completed by both the applicant/supervisee and the proposed supervisor who will supervise the applicant's post master's degree experience. The completed form should be returned to the applicant for inclusion in their application packet that must be sent to the Virginia Board of Social Work. *Only one (1) supervisor can be registered with this form. Supervisee should not begin counting hours toward licensure until they have received written Board approval.*

### TO BE COMPLETED BY APPLICANT/ SUPERVISEE

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Date of Birth: (MM/DD/YYYY) ____ / ____ / ____		Last 4 digits of Social Security Number: XXX-XX-____	
Phone Number: (____) ____ - ____		Email Address:	

### TO BE COMPLETED BY SUPERVISOR

#### Part I: Supervisor's Information

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Supervisor's Business Name:			
Business Address:			
City:	State:	Zip Code:	
Supervisor's LCSW License Number: ____		Supervisor's Phone Number: (____) ____ - ____	
Supervisor's Email Address:			
Do you hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services will be rendered with at least two years of post-licensure clinical social work experience? <i>(If your answer is "No", please provide an explanation on a separate sheet of paper. The explanation must be signed and dated by both the supervisor and the supervisee)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least (14) hours of continuing education offered by a provider under 18VAC140-20-105 within the last (5) years? <i>(If your answer is "Yes", please provide supervisee with copies of the certificate (s) for inclusion in their application packet)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Part II: Proposed Worksite Information *(location where the supervisee will complete hours of supervised post-master's degree experience in the delivery of clinical social works services and in ancillary services toward licensure as a LCSW)*

Name of Proposed Worksite:			
Address of Proposed Worksite:			
City:	State:	Zip Code:	

**Part III: Clinical Social Work Services (If your answer is "No" to any of the following questions below, please provide an explanation on a separate sheet of paper. The explanation must be signed and dated by both the supervisor and the supervisee)**

Will the supervisee provide the following clinical social work services while under your supervision? a. Performing assessments b. Diagnosing based on a recognized manual of mental and emotional disorders or recognized system of problem definition c. Providing psychotherapy and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										

**TO BE COMPLETED BY SUPERVISOR & SUPERVISEE**

**Part I. Declaration of Supervisor & Supervisee: This form is not valid unless properly signed & dated with both signatures \***

We, the undersigned, hereby certify that:

1. We have reviewed and understand and will comply with the [Regulations Governing the Practice of Social Work](#) and the [Code of Virginia](#).
2. We understand that we must observe and comply with the supervision requirements set forth in the regulations;
3. The supervisor is not providing supervision for a member of their immediate family or providing supervision to anyone with whom they have a dual relationship;
4. The supervisor is responsible for the social work activities of the supervisee listed above as set forth in the Regulations Governing the Practice of Social Work once the supervisory arrangement is accepted by the Board;
5. The supervisor is responsible for reviewing and approving the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the supervisee during the course of supervision;
6. The supervisor will provide supervision only for clinical social work services for which the supervisor has determined the supervisee is competent to provide to clients;
7. The supervisor is providing supervision only for those activities for which the supervisor is qualified by education, training and experience;
8. We understand that the supervisor must 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, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients.
9. The supervisor must be available to the supervisee on a regularly scheduled basis for supervision;
10. The supervisor will maintain documentation, for five years post supervision, of which clients were the subject of supervision;
11. We understand that supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers;
12. During the supervised experience, the supervisee shall use their names and the initials of their degree, and the title "Supervisee in Social Work" in all written communications.
13. Clients shall be informed in writing of the supervisee's status and the supervisors' name, professional address, and phone number;
14. We understand that the Supervisees shall not supervise the provision of clinical social work services provided by another person.
15. We understand that the supervisee cannot begin counting hours towards licensure until Board approval has been granted;
16. We understand that the supervisor is responsible for notifying the Board of any change in supervision or if the supervision has ended or has been terminated;
17. We understand that the Supervisee must remain under Board-approved supervision until issued a license by the Board;

We hereby agree to this supervision, which is being registered with the Virginia Board of Social Work.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR \*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED FULL LEGAL NAME OF SUPERVISOR

\_\_\_\_\_  
SIGNATURE OF SUPERVISEE \*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED FULL LEGAL NAME OF SUPERVISEE

**ORIGINAL, ELECTRONIC OR E-SIGNATURE REQUIRED**