



## SUPERVISED EXPERIENCE EXTENSION REQUEST SUPERVISEE IN SOCIAL WORK

If you have extenuating circumstances that have prevented you from completing your supervised experience in four consecutive years, [18VAC140-20-105](#) of the Regulations Governing the Practice of Social Work allows you to request an extension of up to one year by returning this form and a copy of your current supervisory contract to the Board via email at: [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov) using the subject line: **“Request for Extension of Supervised Experience”**.

### Applicant Identification & Contact Information

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Social Work Supervisee Registration Number (10-digit number)		Last 4 digits of Social Security Number: XXX-XX- ____	Original Registration of Supervision Expiration Date: ____ / ____ / ____

### Extenuating Circumstances

**Provide an explanation of the extenuating circumstances that have prevented you from completing your supervised experience within four consecutive years. Include any evidence of these extenuating circumstances as applicable.**

### Supervised Experience Information

**Provide the information about the Board-approved supervised experience where you will continue to provide clinical social work services and accumulate hours towards licensure if granted the extension.**

Supervisor's Last Name:	Supervisor's First Name		
Worksite Name:	Worksite Address:		
Total face-to-face hours of supervision you have accumulated to date with all supervisors:	Individual Hours	Group Hours	
	_____	_____	
How many hours of supervised experience in the delivery of clinical social work services have you accumulated under all supervisors to date?	Face-to-Face Hours	Ancillary Hours	Total Hours
	_____	_____	_____

- I have included a copy of my current supervisory contract with this request form.
- I understand that if my supervised experience is still incomplete after this additional one-year extension, that I will be required to start the supervised experience process over again and re-apply for Registration of Supervision by submitting a new application, fee, and documentation pursuant to the regulations at that time.

**As the Supervisee in Social Work, I understand that I must be under Board approved supervision to provide clinical social work services and to accrue hours toward licensure. I affirm that I have experienced extenuating circumstances that have prevented me from completing my supervised experience in four consecutive years. My signature acknowledges that I understand that providing false or misleading information on this form may lead to disciplinary action by the Virginia Board of Social Work.**

\_\_\_\_\_  
Supervisee's Signature

\_\_\_\_\_  
Date