



REQUEST FOR TERMINATION OF SUPERVISION SOCIAL WORK

This form must be used to notify the Virginia Board of Social Work of the termination of a board-approved supervisory contract between a supervisor and supervisee. Please email the completed form to socialwork@dhp.virginia.gov with the subject line: Request for Termination of Supervision.

At the conclusion of the supervised experience, the supervisor must complete the [Verification of Clinical Supervision](#) form. The supervisee must keep this form in their records until the completion of their supervision and application for licensure.

IMPORTANT: Pursuant to [18VAC140-20-50\(D\)\(5\)](#) of the Regulations Governing the Practice of Social Work, while providing clinical social work services, a supervisee shall remain under Board approved supervision until licensed in Virginia as a licensed clinical social worker. If you will continue to provide supervision to the supervisee until they have passed the Clinical exam, the supervision should not be terminated.

SUPERVISEE'S INFORMATION	
Supervisee's Last Name:	Supervisee's First Name:
Supervisee's Telephone Number: () -	Supervisee's Email Address:
Supervisee's Registration Number (10-digit number): _____	

SUPERVISOR'S INFORMATION	
Supervisor's Last Name:	Supervisor's First Name:
Supervisor's Telephone Number: () -	Supervisor's Email Address:
Supervisor's Virginia LCSW License Number: (10-digit number): _____	

SUPERVISION TERMINATION DATE
Date of Termination: (MM/DD/YYYY): / /

Signature of Supervisor

Date

FOR OFFICE USE ONLY (BOSW Staff)		
ROS # Terminated	Date Processed	Processed By
0906-		