



VERIFICATION of CLINICAL SUPERVISION SOCIAL WORK

Use this form to compile required information and verification from your supervisor about your post-master's degree experience towards licensure as a clinical social worker.

INSTRUCTIONS

The applicant should complete the top portion of this form **only**, then provide this form to the supervisor who supervised the applicant's post-master's degree experience. (Supervised experience obtained in Virginia without written Board approval will not be accepted toward licensure). The completed form should be returned to the applicant for inclusion in their application for submission to the Virginia Board of Social Work. **If supervision took place under more than one Board-approved supervisor, a separate form is required for each supervisor.**

TO BE COMPLETED BY APPLICANT/SUPERVISEE: Complete the top portion of this form **only**.

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Email Address:	Phone Number:	Last 4 digits of Social Security Number: XXX-XX- ____ _	

TO BE COMPLETED BY SUPERVISOR:

Part I: Supervisor's Information

Last Name:	First Name:	Suffix:
Supervisor's Email Address:		Supervisor's Phone Number:
Supervisor's License Number:	Supervisor's License Title:	Supervisor's Licensed Jurisdiction:

Part II: Worksite Information (location where resident obtained post-degree supervised experience hours toward licensure)

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

Part III: Dates of Supervision

Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)	Total Months:
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Part IV: Hours & Competencies: Answers to the below questions should be provided based on the supervision obtained only under the instructions of the supervisor completing this form.		
a. Did the applicant receive a minimum of one (1) hour and a maximum of four (4) hours of face-to-face supervision per 40 hours of work experience? <i>If no, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. How many total hours of face-to-face supervision did you provide to the supervisee? <ul style="list-style-type: none"> • <u>Face-to-face supervision</u> means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision. 	Individual Hours _____	Group Hours _____
c. How many total hours of supervised experience in the delivery of clinical social work services did the supervisee complete under your supervision? <ul style="list-style-type: none"> • <u>Face-to-Face Client Contact</u>: providing clinical social work services directly to clients. • <u>Ancillary Services</u>: activities such as case management, recordkeeping, referral, and coordination of services. • <u>Total Hours</u>: combination of both face-to-face client contact hours and ancillary hours. 	<i>Face-to-Face Client Contact Hours Completed</i> _____	
	<i>Ancillary Hours Completed</i> _____	
	<i>Total Hours Completed</i> _____	
d. Did the applicant demonstrate minimum competencies of identified theory base while under your supervision? <i>If no, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Did the applicant demonstrate minimum competencies of application of a differential diagnosis while under your supervision? <i>If no, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Did the applicant demonstrate minimum competencies of establishing and monitoring a treatment plan while under your supervision? <i>If no, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Did the applicant demonstrate minimum competencies of development and appropriate use of the professional relationship while under your supervision? <i>If no, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Did the applicant demonstrate minimum competencies of assessing the client for risk of imminent danger while under your supervision? <i>If no, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Did the applicant demonstrate minimum competencies of implementing a professional and ethical relationship with clients while under your supervision? <i>If no, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Did the applicant demonstrate minimum competencies of understanding the requirements of law for reporting any harm or risk of harm to self or others while under your supervision? <i>If no, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. In your opinion, has the applicant demonstrated competency sufficient for licensing and the independent practice as a clinical social worker? <i>If no, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Part V: Declaration of Supervisor	
I, _____ (name of supervisor) declare by my signature, to the best of my knowledge the foregoing is true and correct.	
_____ Signature of Supervisor	_____ Date

AFFIDAVIT: The following statement must be executed by a Notary Public.

State of _____, County of _____

Name _____, being duly sworn, says that he/she is the person who supervised the foregoing applicant for licensure; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this _____ day of _____, 20_____.

Signature of Notary: _____.

My commission expires on _____.

My Commission # (if applicable): _____.