



VERIFICATION OF EDUCATION & FIELD PLACEMENT/PRACTICUM HOURS SOCIAL WORK-LCSW

This form is used to compile required information and verification that the applicant's practicum and clinical course of study meet the requirements of [18VAC140-20-49\(B\)](#). The completed form should be returned to the applicant for inclusion in their application for submission to the Virginia Board of Social Work.

TO BE COMPLETE BY APPLICANT: Complete the top portion of this form only.

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Date of Birth: (MM/DD/YYYY) ___ / ___ / _____		Last 4 digits of Social Security Number: XXX-XX- ___ ___ ___	
Applicant's Student ID Number:		Email Address:	

TO BE COMPLETED BY THE GRADUATE SCHOOL PROGRAM OFFICIAL OR ADMINISTRATIVE OFFICE

Part I: Please provide official verification of the information requested below. The completed form containing **wet/original or verifiable electronic signature** can be returned to the applicant for inclusion in their online application submitted to the Virginia Board of Social Work.

Did the above applicant complete a minimum of **600 hours** of **advanced** clinical practicum that focused on diagnostic, prevention, and treatment services?
 Yes No (If not, how many hours were completed? _____)

Did the above applicant's field placement/practicum supervisor hold a licensed clinical social worker (LCSW) license **or** hold a master's or doctorate degree in social work with a minimum of three years of experience in clinical social work services after earning a graduate degree set forth in Regulation [18VAC140-20-49](#) of the Virginia Regulations?
 Yes No (If not, explain on separate document and provide it with this form)

Part II: Please verify if the following **advanced** coursework was **successfully** completed by the applicant as part of a "clinical course of study." (Check all that apply)

<input type="checkbox"/> Human Behavior and the Social Environment <input type="checkbox"/> Psychopathology <input type="checkbox"/> Research	<input type="checkbox"/> Social Justice and Policy <input type="checkbox"/> Diversity Issues <input type="checkbox"/> Clinical Practice with Individuals, Families and Groups
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Printed Name of School: _____

Printed Name of Program Official: _____

Title of Program Official: _____

Signature of Program Official: _____ Date _____

Wet/Original or Verifiable Electronic Signature Only