

Mississippi
State Board of Examiners for
Social Workers and Marriage & Family Therapists
P.O. Box 4508
Jackson, MS 39296-4508
(601) 987-6806/Fax:601-987-6808

Application to Enter into Contract for Supervision toward Licensed Certified Social Worker Status

Please Type or Print

I. Personal Information LMSW License No. _____ SS No. _____

Name as appears on your LMSW license _____

Name if different from above _____

Date of Birth _____

Current Home Address _____

II. Education Information

Degree Conferred _____ Date Degree Conferred _____

Educational institution attended _____

III. Employment Information

Current Employer _____ Tel. () _____

Address _____

II. Prospective LCSW Supervisor LCSW No. _____ Approved Supervisor's No. _____

Name as appears on LCSW license _____

Name if different from above _____

Current Home Address _____

III. Declaration of Applicant: "I undersigned do hereby apply to enter the supervisory process leading to a license as a Licensed Certified Social Worker. I declare that I am willing to practice within the spirit of the Social Work Code of Ethics and within the boundaries of the laws of the State of Mississippi of the United States. I further agree to keep my LMSW license in good standing until upgraded to the LCSW."

Signed _____ **Date** _____

Instructions: Mail the completed form to the Social Work Discipline Specific Committee at the above address, accompanied by a \$80.00 processing fee. Money orders should be made payable to the Board of Examiners.

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STATE BOARD OF EXAMINERS
FOR
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MANDATED OUTLINE FOR PLAN OF SUPERVISION

Attach a written, detailed plan of supervision, including, but not limited to, the following:

Orientation:

Purpose of supervision
Goals for supervision
Agency Profile:
 History
 Services
 Mission
 Organization
 Fiscal Base
 Accountability

Professional Development:

Knowledge
Skills
Values
Administration
Policy
Research

Practice Context:

Application of Theory
Commitment to learning
 and service
Priorities in Practice
Responsibilities to Clients
 to agency, and community

As supervisee, I understand that when there is change in employer I must submit a revised supervision plan to reflect that in the “Agency Profile section” of the plan.

Signed: _____ Date: _____

As supervisor, I agree to face-to-face meetings with _____ for an average of one hour per week, during which time the declarations of this plan of supervision will be addressed. A total of 100 hours FOR A MINIMUM OF TWENTY-FOUR months or a maximum of thirty-six (36) months will be completed.

Evaluations will be submitted each six months, with a copy to the supervisee, and a copy maintained in my files for a period of three years. If this contract is terminated by either party, I will promptly complete the evaluation and termination forms and submit them to the Board of Examiners.

I do hereby declare that I am duly licensed, in good standing, at the LCSW level, and am willing to practice within the Social Work Code of Ethics and within the boundaries of the laws of the State of Mississippi and the United States. I further agree to keep my LCSW license in good standing throughout the process of this supervisory experience.

Signed _____ Approved Supervisor's No. _____

Date _____

Instructions: Return to the applicant for submission to the Board of Examiners, along with his/her application and processing fee.