

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

Application for Certification as a LCSW Supervisor

Please Type or Print

I. Personal Information LCSW License NO. _____ SS No. _____

License expiration date: _____

Name as appears on your LCSW license _____

Name if different from above _____ Date of Birth _____

Current Mailing Address _____

Current Employer _____ Tel. () _____

Address _____

II. Board Approved LCSW Supervisor Training

Completion of a Board approved supervision course for a minimum of sixteen hours (16) hours. All supervision training must be approved by the Board in order to be considered for this purpose. Supervision trainers must be an approved LCSW supervisor. Please attach your Completion of Supervision Training Certificate as documentation.

Declaration of Applicant: I the undersigned do hereby apply for certification as a qualified supervisor for applicants seeking the supervisory process leading to licensure as a Licensed Certified Social Worker. I declare that I am willing to abide by the rules and regulations of a supervisor as defined in the book of Rules and Regulations Regarding the Licensure of Social Workers and Marriage and Family Therapists and within the boundaries of the laws of the State of Mississippi of the United States.

Signed _____ **Date** _____

Instructions: Mail the completed form to the Mississippi State Board of Examiners at the above address, accompanied by a **\$55.00** processing fee. Cashier's checks and money orders are payable to the **Board of Examiners**.

FOR BOARD USE ONLY

APPROVE _____ NOT APPROVED _____ DATE: _____

ASSIGNED SUPERVISOR ID No. _____

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Verification of Post Clinical Practice in Social Work

(If applicant has had more than one employer, please submit a completed form for each employer.)

To be completed by applicant seeking LCSW Supervisor status:

Name _____ License # _____

Address _____
Street City State Zip Phone

Place of Employment _____

Address _____
Street City State Zip Phone

Department _____

Position/Title _____

Dates practiced _____ to _____

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TO BE COMPLETED BY EMPLOYER

I the undersigned do affirm that the applicant listed above has practiced as a clinical level social worker at this setting during the time frame described above.

(Seal)

Print or type Employer's Name

Subscribed and sworn to me this

Employer's Signature

_____ day of _____, 20____.

Date

(Notary Public)

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CERTIFICATION AS A LCSW SUPERVISOR REQUIRES:

1. Hold a current (not- expired), LCSW license in good standing (no disciplinary actions).
2. Completion of a Board approved supervision course for a minimum of sixteen hours (16) hours and submit your Certificate of Supervision Training Certificate with your application. All supervision training meet be approved by the Board in order to be considered for this purpose. LCSW Supervisors must receive two (2) hours of continuing education in supervision during each biennial renewal period. No supervision continuing education is required for the first renewal period.
3. Submit notarized statements from current and previous employers verifying two years post clinical practice in social work at the LCSW level.
4. Submit application and fees..

RULES REGARDING SUPERVISION

1. Supervision must be provided by an LCSW holding Board certification.
2. Supervisor must maintain his/her license as a LCSW in accordance with licensure laws of the State of Mississippi.
3. It shall be considered unethical for an LCSW without clinical expertise to supervise a LMSW candidate seeking to become a clinician.
4. No plan of supervision will be approved if the contracted supervisor is supervising more than seven (7) master social workers that are in pursuit of the LCSW.
5. Individual supervision shall mean a maximum of two (2) supervisees meeting with one supervisor and group supervision shall mean a maximum of seven (7) supervisees with one supervisor.
6. The Supervision period must be for a minimum of twenty-four (24) months and may not exceed thirty-six (36) months. Each six (6) month evaluation period begins the date of the approval letter the Social Work Discipline Specific Committee (SWDSC) mails to the licensee. You will also receive a copy of that letter.

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7. Upon completion of their supervision, you as a "Supervisor" having been under contract with the licensee cannot complete a "professional reference" on the same licensee. That would be considered as overkill. Too much information from the one individual.
8. For supervisors and supervisees who are not employed within the same agency, there must be a written plan approved by the Board to address how the LCSW Supervisor will insure that the face to face supervision is observed or carried out. **Such face to face supervision must include on-site visits to the supervisees practice location at least once per six (6) month supervision period and recorded on the evaluation form.**

Supervision may include alternate means of supervision by audio or audiovisual electronic device provided there is direct, interactive, live exchange between the supervisor and supervisee or provided that communication is verbally or visually interactive between the supervisor and the supervisee. No more than one-fourth (1/4) of the required hours may be by alternate means to direct face-to-face contact for a total of twenty-five (25) hours.