A Guide to Supervision

For

Licensed Master Social Workers

( April 2009)

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

www.swmft.ms.gov
Contents

Preface ............................................................................................................................................3

Supervision .....................................................................................................................................4

LMSW Supervision Process .........................................................................................................4

Requirements for Supervisors ......................................................................................................6

How to Change Supervisors .........................................................................................................7

Suggestions to Enhance the Supervisory Experience ...................................................................7

Obligations .....................................................................................................................................8

Supervisors’ Obligations ................................................................................................................8

Supervisees’ Obligations ...............................................................................................................9

Reminder ........................................................................................................................................9

Disclaimer .......................................................................................................................................9

Suggested Outline Content .........................................................................................................10

Attachments:

Attachment A - “Application to Enter Into Contract for Supervision” and “Suggested Outline for the Plan of Supervision”
Attachment B - “Evaluation Form”
Attachment C - “Termination of Supervision Form”
Attachment D - “Requested Reference Letter Form”
Attachment E - “Initial Application for LCSW Designation”
Attachment F - “Application for Certification as an LCSW Supervisor”
Attachment G - “Examples of Supervisory Conference Verification Forms (2)”
Attachment H - “Verification of Face to Face Client Contact Form”
Attachment I- “Supervision Flow Chart”
Preface

The purpose of this publication update, *A Guide to Supervision for Licensed Master Social Workers*, is to provide an understanding of concept of supervision and to provide clarity as to the content, processes, and forms required for the licensure of certified social workers in the State of Mississippi. The information in this publication is intended as a guide to facilitate the procedures associated with this professional development opportunity available to Licensed Master Social Workers (LMSWs). The Mississippi State Board of Examiners for Social Workers and Marriage & Family Therapists (MBOE) hopes that this publication will be used by licensed, approved, or perspective certified social work supervisors and their supervisees (licensed master-prepared social workers), as an aid in furthering the professional growth of competent practitioners in the field of social work in our State.
Supervision

Supervision is both an administrative and educational process involving a partnership between a supervisor and a supervisee. The specific purpose of supervision, as set forth in the Rules and Regulations Regarding the Licensing of Social Workers and Marriage & Family Therapists is as follows:

“Professional supervision for the LCSW candidate is intended to enhance professional development and competency, and equip the applicant for autonomous practice”.

The aim of the relationship is to enhance and strengthen the supervisee’s professional knowledge, skills, and abilities. The supervisee’s daily execution and performance of his or her assigned duties, responsibilities and job tasks should be discussed with the selected Board approved/registered supervisor in order to accomplish the aforementioned aim.

LMSW Supervision Process

The following steps should be followed by an LMSW interested in completing the requirements for supervision to attain Licensed Certified Social Worker (LCSW) designation:

1. A Licensed Master Social Worker (LMSW) in good standing with the Mississippi Board of Examiners (MBOE) must submit an Application to Enter Into Contract for Supervision Toward Licensed Certified Social Worker Status, along with specified processing fee of $75.00 (see Attachment A). This fee should be made payable to the MBOE.

2. The LMSW must engage the services of an MBOE approved/registered licensed, certified social worker to complete Step 1. Should an LMSW not be able to secure the services of such a provider, the applicant is encouraged to contact the MBOE to obtain a list of eligible supervisors.

3. Should an LMSW wish to be supervised by a non-Board approved LCSW, the LCSW will have to complete the supervisory approval process prior to engaging in supervision (refer to page 6 – Requirements for Supervisor).

4. Pending the securement of an LCSW supervisor with MBOE approval/registration, the applicant and supervisor should develop a Plan of Supervision for the supervisee. The Suggested Outline for the Plan of Supervision Form incorporates the acknowledgment by the supervisor to supervise the LMSW in accordance with the rules set forth by the MBOE (see Attachment A). It is recommended that the supervisee refer to the LMSW Plan of Supervision Narrative Explication for guidance in completing the Plan (see pages 10-12). The completed Plan should then be submitted to the Social Work Discipline Specific Committee (SWDSC) of the MBOE for approval. Only after receipt of correspondence acknowledging that approval has been granted by the Board, can the supervisory process commence. The SWDSC reserves the right to request explanations.
or plans of correction at any point. Additionally, the first evaluation form will be included with the approval letter.

5. 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;

6. Evaluations are to be completed by the supervisor during consultative sessions with the LMSW supervisee (see Attachment B). The supervisory process requires a minimum of one hour per week of face-to-face supervision for a minimum period of twenty-four (24) months. This equates to a total of one hundred (100) hours of required supervision. The period of supervision may not exceed thirty-six (36) months. Supervisees may receive up to four (4) hours supervision credit for developing the supervisor plan collaboratively with their prospective supervisors. During the supervision period, you must complete a minimum of one thousand (1,000) hours of face to face client contact. This will be documented on the Verification of Face to Face Client Contact Form and submitted with your termination of supervision materials. Pending SWDSC receipt and approval conformation, evaluations are to be submitted on the following scheduled basis:

a. First evaluation is to be submitted in six (6) months.

b. Second evaluation is to be submitted in twelve (12) months.

c. Third evaluation is to be submitted in eighteen (18) months. The confirmation letter from the SWDSC approving receipt of this evaluation should include the following:

i. the final evaluation form
ii. the Termination of Supervision Form (see Attachment C)
iii. the required form for the three requested Professional References (see Attachment D)
iv. an application for LCSW designation (see Attachment E)
v. VERIFICATION OF FACE TO FACE CLIENT CONTACT FORM (see Attachment H)

d. Fourth evaluation is to be submitted in twenty-four (24) months, accompanied by the Termination of Supervision Form, verification of face to face client contact form, the three required reference letters, and the application for LCSW licensure status.
Supervisors should be reminded that an explanation will be requested by the SWDSC if some supervisee scores all 10’s, especially on the first evaluation. Supervisory comments are mandatory and are to be noted in the designated place for each evaluative tool submitted. The SWDSC reserves the right to request explanations or plans for correction at any point.

7. Upon arrival, the MBOE will send the LMSW applicant a letter to take either the advanced (generalist) or the clinical exam. Applicants for the LCSW exam can take this exam every ninety (90) days, without any restriction as to the number of times the exam can be taken.

   **Suggestion Only:** The supervisee and supervisor together are encouraged to review the Advanced Generalist or Clinical Examination Content Outline on page 17 and 18 respectively of the ASWB Candidate Handbook before they apply to take the ASWB exam.

8. Upon receipt of the passing score and pending Board approval, the applicant will receive his or her LCSW license.

**Requirements for Supervisors**

To assist the LMSW in the process of identifying a potential supervisor that will contribute to the overall learning and purview of the licensee, a selected supervisor must have the following qualifications and meet the indicated requirements:

1. A supervisor must have LCSW status and maintain that license in accordance with the laws of the State of Mississippi.

2. An eligible certified supervisor must have a minimum of two years of verifiable practice at the LCSW level and complete 16 hours of board approved LCSW Supervisor Training.

3. Approved supervisors should maintain copies of supervisee’s evaluations and documentation pertaining to the supervisor/supervisee relationship for a period of three calendar years.

4. A potential supervisor’s credentials must be approved by the SWDSC and he or she is considered registered to be eligible to provide supervision. This process requires that an application (see Attachment F) and a one-time $50.00 fee be made payable to MBOE.

5. It will be considered unethical for an LCSW without clinical expertise to engage in the supervision of an LMSW candidate seeking to become a clinician.

6. No plan of supervision will be approved if the contracted supervisor is supervising more than five (5) licensed master social workers pursuing LCSW status. Individual supervision shall mean a maximum of two (2) supervisees meeting with one (1)
supervisor. Group supervision shall mean a maximum of five (5) supervisees meeting with one (1) supervisor

7. Supervision must occur within an agency, institution, or group practice setting. An LMSW practicing independently outside of an agency, institution, or group practice setting will be practicing outside Board regulations. The LMSW candidate will not be considered a candidate for LCSW supervision and will face disciplinary action.

**How to Change Supervisors**

Since extenuating circumstances do arise and it may become necessary for a candidate to change supervisors, the following steps should be followed to ensure continuity:

1. The LMSW candidate should confer with the terminating supervisor to make sure that an Evaluation Form and a Termination of Supervision Form have been completed. The Termination of Supervision Form should specify the number of hours of supervision completed, the period of supervision, and the reason for the dissolution of the supervisor/supervisee relationship.

2. The aforementioned documents must be forwarded to the SWDSC for review within thirty (30) days of the termination.

3. The SWDSC will then review the submitted documents to determine whether the period of supervision and the number of hours supervised are verifiable to date.

4. When the applicant receives correspondence from the SWDSC acknowledging the termination of a supervisor, if supervision is to be continued with another supervisor, a new application, a supervisory contract with needed revisions must be submitted for SWDSC review.

**Suggestions to Enhance the Supervisory Experience**

The National Association of Social Workers’ (NASW) Code of Ethics should be referenced in guiding the conduct of both parties throughout the duration of this professional development relationship. The review of the following sections of the *NASW Code of Ethics* is critical in the establishment of the supervisory relationship:

- **Section III:** The Social Worker’s Ethical Responsibility to Colleagues
- **Section IV:** The Social Worker’s Ethical Responsibility to Employers and Employing Organization
- **Section V:** The Social Worker’s Ethical Responsibility to the Social Work Profession

It is important to understand that the rules of confidentiality do apply to this relationship. The boundaries governing the content of the consultative sessions between the supervisor and
The supervisee should be firmly established at the beginning of the partnership. It is imperative that confidentiality is thoroughly discussed and understood by both parties involved; then, the ensuring premises should then be made part of the supervisory contract.

Supervisors and supervisees should be clear as to the roles and responsibilities of both parties with a mutual acceptance of these shared responsibilities. Specifics related to fulfilling these responsibilities (i.e., scheduling of conferences, prior preparation, use of conferences) should be agreed upon at the beginning of the supervisory relationship.

Both parties, with the supervisor carrying the major responsibility, should assess the supervisee’s learning needs and patterns, capabilities, and any learning challenges. A recognition of the needs and reactions of both parties related to authority and dependency should be included in the process. The rationale for an educational assessment is to provide guidance to: 1) determine the goals of supervision; 2) for the supervisor to share knowledge and experience; and 3) to incorporate measures appropriate to the supervisee’s needs and abilities. This assessment should be fluid and responsive to changes in the supervisee’s job performance.

A climate of mutual respect and trust must be developed for both to share relevant thoughts, experiences and emotional reactions. The supervisory relationship should permit freedom to challenge, differ, experiment, and make and share mistakes. The supervisor should present a responsible and reliable professional model and simultaneously guard against any tendency to mold the supervisee into his or her image or to encourage compliant submission to suggestions.

The supervisor is also responsible for stimulating critical self-evaluative thought by the supervisee. Conceptual thinking should also encourage the transfer of learning from new or unexpected occurrences. Ultimately, substantiated evaluation of a supervisee’s performance should be conducted on an ongoing basis.

### Obligations

As cited in the 1993-94 Report of the National Council on the Practice of Clinical Social Work to the National Association of Social Workers addressing the role of supervisors in clinical practice, the obligatory considerations of a professional development supervisor to a supervisee include the following:

#### Supervisors’ Obligations

- Provide documentation of supervisory qualifications to supervisee or auspice governing the supervisory context.
- Provide oversight and guidance in addressing concerns of the supervisee with regard to client.
- Evaluate the supervisee’s role and conceptual understanding in the treatment process and his or her use of a theoretical base and social work principles.
- Conduct supervision as a process distinct from personal therapy or didactic instruction.
Provide supervision in the agreed upon format (as documented in the submitted LMSW Plan for Supervision).

Maintain documentation of supervision (see Attachment G).

Provide periodic evaluation of supervisee.

Provide documentation for supervisee to meet the requirements of supervision.

Identify practices posing a danger to the health and welfare of the supervisees’ clients or to the public.

Identify supervisee’s inability to practice with skill and safety due to illness (i.e., excessive use of alcohol, drugs, narcotics, chemicals or any other substance, or as a result of any mental or physical condition).

Supervisees’ Obligations

Participate in the supervisory process to the best of one’s ability.

Participate in the development of the learning plan to include formulating goals, learning needs, and citing professional strengths and challenges.

Prepare for sessions.

Seek critical professional feedback and evaluation from the supervisor.

Seek knowledge regarding additional resources and collegial contacts.

Maintain documentation throughout the course of the supervisory experience in possibly log format – indicating the date, length of the supervisory sessions, synopsis of material discussed at each session.

Reminder

In an effort to adhere to the precepts in the NASW Code of Ethics and to refrain from the appearance of impropriety and guard against possible conflicts of interests, it is recommended that a supervisor not supervise anyone with whom he or she has a romantic, domestic, or familiar relationship. This includes parents, spouses, former spouses, siblings, children, or anyone sharing the same household.

Disclaimer

In conclusion, the Mississippi State Board of Examiners for Social Workers and Marriage & Family Therapists does not recommend, endorse, prescribe, or promote the establishment of compensation agreements for supervision. As researched by NASW, there seems to be no standard fee schedule for supervision; however, if fees are charged, it is usually based on an hourly rate. Such contracts should indicate whether the charges applied are for each session or is for a flat rate payable to specific intervals (i.e., monthly, quarterly, annually).
Suggested Outline Content for the LMSW Plan of Supervision

LMSWs should review the content of the attached narrative outline in order to fully address each item adequately. The respective Plan of Supervision developed by the supervisee in consultation with the supervisor, should guide the course of discussion, consultation, and study. In addition, upon the completion of supervision, the content of the document can be used by the LMSW in the pursuit of additional professional educational experiences (i.e., on resumes, job interviews, employment applications, for promotions, etc.).

The suggested outline for the LMSW Plan of Supervision should address, in detail, the following topics, as related to the potential supervisee’s area of practice and interests.

**Orientation**

**Purpose of Supervision**

Discuss the purpose of entering this plan of supervision and contract with your LCSW supervisor. There is the obvious purpose of obtaining your LCSW status, however, it is also important to speak to the learning aspects of the supervisory experience as well.

**Goals for Supervision**

Discuss how you will work together with your supervisor to successfully complete your two year period of supervision, how you will work together to show and evaluate learning progress, and how this period of supervision and study will prepare you to work at the more advanced level of LCSW.

**Agency Profile:**

In this section you will need to describe your agency and/or organization in detail. Please cover the following at a minimum.

---

**Professional Development**

**Knowledge**

**Skills**

**Application of Theory**

**Commitment to Learning**

**Values**

**Administration**

**Priorities in Practice**

**Policy**

**Responsibilities to Clients to**

**Research**

**Agency and Community**

---

**Practice Context**

**Purpose of Supervision**

Discuss the purpose of entering this plan of supervision and contract with your LCSW supervisor. There is the obvious purpose of obtaining your LCSW status, however, it is also important to speak to the learning aspects of the supervisory experience as well.

**Goals for Supervision**

Discuss how you will work together with your supervisor to successfully complete your two year period of supervision, how you will work together to show and evaluate learning progress, and how this period of supervision and study will prepare you to work at the more advanced level of LCSW.

**Agency Profile:**

In this section you will need to describe your agency and/or organization in detail. Please cover the following at a minimum.

---

**Orientation**

**Purpose of Supervision**

Discuss the purpose of entering this plan of supervision and contract with your LCSW supervisor. There is the obvious purpose of obtaining your LCSW status, however, it is also important to speak to the learning aspects of the supervisory experience as well.

**Goals for Supervision**

Discuss how you will work together with your supervisor to successfully complete your two year period of supervision, how you will work together to show and evaluate learning progress, and how this period of supervision and study will prepare you to work at the more advanced level of LCSW.

**Agency Profile:**

In this section you will need to describe your agency and/or organization in detail. Please cover the following at a minimum.

**Purpose of Supervision**

Knowledge

Application of Theory

Commitment to Learning

**Skills**

**Values**

and Service

**Administration**

**Priorities in Practice**

**Policy**

**Responsibilities to Clients to**

**Research**

**Agency and Community**

---

**Practice Context**

**Purpose of Supervision**

Discuss the purpose of entering this plan of supervision and contract with your LCSW supervisor. There is the obvious purpose of obtaining your LCSW status, however, it is also important to speak to the learning aspects of the supervisory experience as well.

**Goals for Supervision**

Discuss how you will work together with your supervisor to successfully complete your two year period of supervision, how you will work together to show and evaluate learning progress, and how this period of supervision and study will prepare you to work at the more advanced level of LCSW.

**Agency Profile:**

In this section you will need to describe your agency and/or organization in detail. Please cover the following at a minimum.
**History**

Provide a brief historical description of your agency, including when it was started, how it was started, and how it has developed and progressed over the years.

**Services**

Describe specifically the services provided by your agency and the population it serves.

**Mission**

What is the mission of your agency, what is it attempting to accomplish in the delivery of its services in terms of outcomes with the population it serves.

**Organization**

Discuss the organizational structure of the agency, providing a description of the board, if applicable, or other oversight authority, key personnel involved in administration and service delivery, and any other information that might provide insight into the organization. Provide an organizational chart of your agency.

**Fiscal Base**

How is your agency funded? Describe the funding sources.

**Accountability**

To whom or what is your agency accountable in terms of effective service delivery and integrity in the use of funds.

**Professional Development**

**Knowledge**

What areas of knowledge do you hope to expand during supervision in order to become a more effective practitioner, i.e., individual and family functioning, diagnostic categories, dynamics of human behavior, various service delivery systems such as child welfare, health and mental health, knowledge of community systems, etc.

**Skills**

What skills do you plan to work on and improve during supervision. Be specific with your description, i.e., assessment and diagnosis, interviewing, verbal and written communication, teaching, etc.

**Values**

How will social work ethics be a part of your practice during supervision. How will you protect and preserve a clients right to privacy and confidentiality, right to be self-determining, etc. One suggestion is that you use the *NASW Code of Ethics* as a guide in developing this area. You should cover any possible liability issues that might arise, keeping in mind that both you as the supervisee and your LCSW supervisor have responsibility for the consequences of your work.
Administration
How will you interact with the administration of your agency during supervision? Will resource development, supervision, and program management responsibilities be a part of your plan?

Policy
Will your supervisory plan affect the policy of your agency? What would you like to learn about policy and policy development during this time? Are policies, regulations, and laws a barrier to effective practice and will you address any of these areas and, if so, how?

Fiscal
What will you learn about the budgeting processes associated with your agency or the business side of private practice? Will you have the opportunity to learn about how budgets are developed each year, either in a government agency or individual private practice?

Research
Will you be making research a part of your plan? If so, in what way will it be conducted and what will be the overall focus and purpose? Will clients be protected? Remember that record keeping, reporting, and data collection and aggregation are forms of research.

Practice Content

Application of Theory
What theories will you be applying during supervision. You should be specific about these and identify them by name, i.e., general systems theory, reality based theories, psychotherapy, etc. How will you apply these theories and in what settings, i.e., with individuals and families, groups, institutions, agency administration, etc.

Priorities in Practice
What will be your priorities for practice during supervision? On what area will you concentrate? Be specific in your description.

Responsibilities to the Clients, to the Agency and the Community
How will you balance and maintain your responsibilities to your clients, the agency and the community as you focus on the learning process? Can you assure that service will continue and that the best interests of these entities will continue to be served?

Commitment to Learning and Service
As you enter this plan of supervision, will you have a continuous commitment to learning and service. Will your purpose be to learn and grow as a professional in order to better serve your current client population as well as others you may serve in the future?
ATTACHMENTS
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 $75 processing fee. Cashier’s checks and money orders should be made payable to the Board of Examiners. There will be no extra fee at the time of upgrading to LCSW.
SUGGESTED OUTLINE FOR PLAN OF SUPERVISION
Attach a written, detailed plan of supervision, including, but not limited to, the following:

<table>
<thead>
<tr>
<th>Orientation:</th>
<th>Professional Development:</th>
<th>Practice Context:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of supervision</td>
<td>Knowledge</td>
<td>Application of Theory</td>
</tr>
<tr>
<td>Goals for supervision</td>
<td>Skills</td>
<td>Commitment to learning</td>
</tr>
<tr>
<td>Agency Profile:</td>
<td>Values</td>
<td>and service</td>
</tr>
<tr>
<td>History</td>
<td>Administration</td>
<td>Priorities in Practice</td>
</tr>
<tr>
<td>Services</td>
<td>Policy</td>
<td>Responsibilities to Clients</td>
</tr>
<tr>
<td>Mission</td>
<td>Research</td>
<td>to agency, and community</td>
</tr>
<tr>
<td>Organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiscal Base</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 MINIMUM OF twenty-four (24) months OR A MAXIMUM OF thirty-six (36) months will be completed.

Evaluations will be submitted at a six month interval, 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.
LCSW SUPERVISION EVALUATION FORM
Each area of performance should be rated by circling the number that most accurately describes the performance of the supervisee. In the evaluation form, the word "client" is a generic term representing individuals, groups, agencies, and/or communities.

(This source of evaluation is used by permission of the Louisiana State Board of Certified Social Work Examiners.)

<table>
<thead>
<tr>
<th>Quality of Social Work Performance (in relation to other professionals and/or agencies)</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Frequent substantiated complaints about quality of services or behavior which has negative impact on client systems, social work profession, professional/personal reputation, other professionals and agencies.</td>
<td>Has occasional problems which conflict with professional or agency standards resulting in negative consequences.</td>
<td>Quality of work performance remains at an acceptable level when problems interfere with work performance. Initiates corrective action.</td>
<td>Work performance and relationships with other professionals and agencies demonstrate productive outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ability to prepare for and use supervision; recognizes and accepts role of learner, reflects on and generalizes learning from one experience to another; profitably uses supervisor feedback.</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Accepts supervision only when forced; attitude remains negative.</td>
<td>Uses scheduled supervisory conferences, but is reluctant to seek help. Non-spontaneous towards supervision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commitment to Social Work profession, its values and ethics.</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Makes derogatory comments about the profession; does not adhere to social work values, ethics and ethical standards.</td>
<td>Sometimes positive in attitude towards profession; usually is guided in professional practice by social work value base; literally does not violate professional ethics; standards.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-discipline: Ability to structure time and resources; effective utilization of personal characteristics and feelings to obtain maximum benefit of resources for client. Examples: follows through on referrals and work assignments; adheres to time commitments; prompt, organized and concise in record keeping.</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Subject of frequent complaints regarding quality of services and/or negative consequences for client.</td>
<td>Same complaints and/or less than expected outcome caused by limited ability to use personal resources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self Evaluation: Ability to objectively identify and assess own behaviors, feelings, beliefs, to impact upon service delivery.</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Does not demonstrate ability to evaluate self and rarely acknowledges need to evaluate.</td>
<td>Limited awareness of own behaviors, feelings, and beliefs which impact upon professional performance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commitment to continued professional learning.</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO</td>
<td>Demonstrates no desire for continuing professional education nor engages in research activities.</td>
<td>Infrequently reads professional literature. Reluctantly takes advantage of learning opportunities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |</p>
<table>
<thead>
<tr>
<th>Initiative: Ability to act independently</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Very dependent. Demonstrates no ability to carry out actions independently or makes situations requiring independent actions.</td>
<td>Some ability to carry out actions independently. Similar situation has occurred and actions can be modeled.</td>
<td>Willingness on most occasions to assume responsibility for independent actions.</td>
<td>Demonstrates increased ability to act independently and does so frequently.</td>
<td>Consistently demonstrates ability to act independently and seeks additional responsibilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to formulate Diagnostic Assessment: systematically gathers, organizes, and synthesizes data to delineate the parameters of the problem</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Does not demonstrate knowledge and use of assessment techniques and rarely bases service on client needs.</td>
<td>Limited ability to assess problems accurately when treatment is in progress.</td>
<td>Effective in most situations; able to articulate needs and collect sufficient information in an organized manner to identify immediate needs; uses supervision in difficult cases.</td>
<td>Gather data systematically and efficiently.能够在复杂情况下及时收集和评估信息并评估干预措施。</td>
<td>Exceptionally effective in identification and evaluation of contributing factors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to formulate and implement treatment (intervention): strategies for problem resolution</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Does not demonstrate knowledge or ability to use organized, effective treatment techniques; client is rarely informed about the particular approach, length of treatment, and goals of treatment.</td>
<td>Limited ability to involve client in goal determination and to provide specific treatment according to the assessment.</td>
<td>Ability to develop, plan, and select most effective strategy and provide treatment and intervention at the expected level with client involvement.</td>
<td>Effective in providing treatment as demonstrated by evaluation of client’s progress and development.</td>
<td>Exceptionally effective in providing appropriate treatment in the most complex situations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to establish effective professional relationships with clients: promotes conditions fostering trust in a professional relationship that allows for growth, self-discovery, and change</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Demonstrates difficulty in establishing relationships; allows unproductive situations to develop.</td>
<td>Demonstrates the ability to relate appropriately and constructively with clients but occasionally has problems showing objectivity.</td>
<td>Demonstrates the purposeful use of self and client in developing, maintaining, and terminating professional relationships.</td>
<td>Consistently demonstrates sensitivity to issues in client/professional relationships.</td>
<td>Demonstrates non-judgmental acceptance and consistently develops positive, productive professional relationships.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate orally</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Communication is disorganized: vague, general, and irrelevant.</td>
<td>Expresses self well enough to be understood.</td>
<td>Ability to organize and concisely incorporate relevant data in the presentation.</td>
<td>Above average ability to express self consistently in an organized manner with concise, relevant presentation.</td>
<td>Ability to communicate based on an understanding of nonverbal indicators such as ethnicity and age; ability to use appropriate language in a clear manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate in writing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>NOT ABLE TO OBSERVE</td>
<td>Communication is disorganized: vague, general, and irrelevant.</td>
<td>Expresses self well enough to be understood.</td>
<td>Ability to organize and concisely incorporate relevant data in the presentation.</td>
<td>Above average ability to express self consistently in an organized manner with concise, relevant presentation.</td>
<td>Ability to communicate based on an understanding of nonverbal indicators such as ethnicity and age; ability to use appropriate language in a clear manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please make additional comments:(required)

Date and Location of Onsite Visit:

Signature of Supervisor / Date

This evaluation has been discussed with me and I have received a copy of it.

Signature of Supervisee / Date

Mail Evaluation To: Board of Examiners for SW/MFT
P.O. Box 4508
Jackson, MS 39296-4508
Termination of Supervision

General Instructions to supervisors completing this form:
A. Please complete all items.
B. The Board assumes that you, in recommending this candidate, will be willing to substantiate to the Board your recommendation, should this Board desire to contact you at a later date.

I, ____________________________, licensed certified social worker number ___________, certify that I supervised ____________________________ in the field of social work while he/she was employed at ________________________, from ____________ to _____________, who worked ________ hours per week. I gave ________ hours of supervision per week for a total of ________ hours of supervision (face to face _____________ alternate ____________)

1. Title of Supervisee’s Position:_______________________________________________________
2. Supervisee’s duties and responsibilities:_______________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
3. Reason for termination of supervision:________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

4. Extent of knowledge of supervisee’s professional and ethical behaviors:
   □ Limited □ Moderate □ Thorough

5. Please check the appropriate box if supervision has been given for at least two (2) years and the supervisee has completed 100 hours of supervision at one (1) hour per week.
   □ I highly recommend □ I recommend with reservation
   □ I recommend □ I do not recommend

   the supervisee for licensed certified social worker. (Attach an explanation if you checked, I recommend with reservation or I do not recommend.)

6. Please submit a completed evaluation form along with this Termination of Supervision.

(Continued on back of this form)
## Supervisors Information

| Name and title of Supervisor: __________________________________________________________ |  
| Employment address: ________________________________________________________________ |  
| (Company) | (please print) |  
| (Street address) |  
| (City) | (State) | (Zip) |  
| Work Telephone number: _____________________________ |  
| Number of applicants I am supervising at this time: ______ |  
| Signature of supervisor: _____________________________________  
| Date: _____________ |  
| Comments: |  

After completion, mail to:

Board of Examiners  
P. O. Box 4508  
Jackson, MS 39296-4508
CONFIDENTIAL PROFESSIONAL REFERENCE FOR LCSW CANDIDATE FOR LICENSURE

Notice to Applicant: Applicant for LCSW must submit with the final evaluation forms, three (3) complete professional references from appropriate professionals. **One (1) must be completed by a LCSW. THE LCSW SUPERVISOR WHO HAS BEEN IN A CONTRACT WITH THE APPLICANT BELOW CANNOT OR MUST NOT COMPLETE THIS FORM.**

I. TO BE COMPLETED BY THE APPLICANT
Name of Applicant ____________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address _________________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby authorize ____________________________________________ to release the requested information.

__________________________________________     _________________________
Applicant Signature                                                              Date

II. TO BE COMPLETED BY LICENSED MENTAL HEALTH PROFESSIONAL

1. How long have you known the applicant? __________________________________

2. In what capacity have you known the applicant? ____________________________

3. During what time period have you had an opportunity to observe directly the applicant's clinical practice? _____________________________________________

4. Based on your personal knowledge and observation, I believe the applicant has: (mark one) Poor____, Marginal____, Average____, Good____, Outstanding____, qualifications and skills to practice as a Licensed Certified Social Worker (LCSW).

5. To the best of your knowledge, has the applicant's license, clinical privileges, professional association membership, or other professional status ever been denied, challenged, suspended revoked, modified, or voluntarily surrendered in lieu of disciplinary action?  Yes  No

6. To the best of your knowledge, is there any disciplinary action pending against the applicant?  Yes  No
7. To the best of your knowledge, has the applicant ever had a suit filed against him/her or entered into a malpractice settlement related to the professional practice?  Yes  No

8. To the best of your knowledge, has the applicant ever been arrested, charged, sentenced, or received a deferred judgment for the commission of a felony, or any crime of moral turpitude in the United States or a foreign country?  Yes  No

9. To the best of your knowledge, is the applicant now, or has he/she been at any time during the past five (5) years, unable to practice a profession with reasonable skill and safety to clients, due to any illness, mental or physical condition, or the use of alcohol, drugs, narcotics, chemicals or any other material?  Yes  No

If you answered “YES” to any of the preceding questions 5 through 9, please attach a full explanation to this form.

10. If you have any additional information which would assist the Board in making a decision on licensure for this applicant, please provide the information below:

____________________________________________________________________
____________________________________________________________________

11. How would you summarize your recommendation of this applicant for licensure as a licensed certified social worker?

___ Recommend without reservation
___ Recommend
___ Would not recommend
___ Unable to make a judgment

Signature of Reference          Printed Name          Title          Date

Your Discipline          Type of License          License#          Expiration Date

Street Address          City          State          Zip          Phone

Please return the completed form directly to the Board at:

**Mississippi**
State Board of Examiners for
Social Workers & Marriage and Family Therapists
P.O. Box 4508 • Jackson, MS 39296-4508

Thank you for your assistance.
# Initial License Application

(Use for Social Work Licensure/Student Approval to Take ASWB Examination)

(Please type or print in ink)

**Date:** ______________________  
(Please use legal name that is identified on your Driver’s license or Social Security Card)

**Name:** ______________________________________________________________________________________________________

(Last)                                                            (First)                                                                                       (Middle/Maiden)

**Mailing Address:** _______________________________________________________ Telephone No. (_____)_______ -____________

____________________________________________________________________________________________________________

(City)                                                               (State)                                                    (Zip Code)                                       (County)

**Social Security Number:** ------------    -                -                                            **Date of Birth**             -   -          -     -

**Race:** ____________________  **Sex:** Male            Female              **U.S. Citizen:**   No              Yes              **Legal Alien:** No           Yes

**Place of Employment:** __________________________________________________________

Public Agency             Private Agency            **Title of Position:** _________________________________________________________

**Business Address:** _________________________________________________________ Telephone No. (_____) ______ -_________

___________________________________________________________________________________________________________

(City)                                                               (State)                                                    (Zip Code)                                       (County)

If upgrading, give license number:  

| 1. | By which method are you seeking licensure: | Examination | Reciprocity/Endorsement |
| 2. | License applying for (check one) | See regulation for qualifications at each level. | Social Worker (LSW) | Master Social Worker (LMSW) | Certified Social Worker (LCSW) |
| 3. | Are you a student within fifteen (15) hours of graduation from a college or university? | No | Yes |

If you are **not** a student, skip to question #5.

4. Please have the Dean or Chair of your Social Work Department sign below to verify that you are within 15 hours of graduation:

   __________________________________________________________________________________________

   Dean or Social Work Chair   Date

**Name of College or University:** ____________________________________________

5. Which social work degree do you possess : _____BSW   _____MSW   _____DSW/Ph.D. _____ N/A (Student)

6. Is your school accredited by _____ CSWE       _____ SACS       _____ BOTH       _____ OTHER

   Initial Application Fee:   25.00 (make cashier’s check or money order payable to MSBOE SW/MFT)

   **(FEES ARE NON-REFUNDABLE)**

**For Office Use Only:**

Cashier’s Check   or Money Order #:  ___________________________ Amount: $ ___________________________ Date: ___________________________

Name on check, if different from licensee: __________________________________________________________________________

(Continue on Back of This Form)
7. Have you ever been licensed as a social worker in this state?  
   No ☐  Yes ☐  
   If yes, what was your license number: _______________________

8. Have you ever been licensed or registered as a social worker in another state?  
   No ☐  Yes ☐  
   If yes, complete the Reciprocity Information/Endorsement Form and send it to the state(s) 
   of current or previous licensure.

9. Have you ever had a professional license revoked, suspended, or encumbered 
   in any way? If yes, has the decree changed? Attach a full explanation.

10. Has any court ever declared you mentally incompetent? If yes,   
    No ☐  Yes ☐  
    attach an full explanation.

11. Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal 
    No ☐  Yes ☐  
    Offense. Received deferred judgement for the commission of a felony, or any crime involving 
    moral turpitude in the United States or foreign country? If yes, attached a full explanation.

12. Have you knowingly failed to renew a license during investigation or disciplinary action?  
    No ☐  Yes ☐

13. I understand that licensure as a social worker requires the following information to be 
    completed and submitted to the Board for review: Form 266, Form 267-verification 
    of education, successful FBI background results and passing score on the applicable 
    ASWB examination.

14. I understand that my application for licensure as a LSW or a LMSW shall be considered 
    abandoned if the ASWB exam has not been attempted within six (6) months from the 
    date on which the application was filed. An application for LCSW shall be considered 
    abandoned if the ASWB exam has not been attempted within six months from the date 
    on which the Board approved the termination of supervision. Any subsequent 
    application shall be treated as a new application.  
    No ☐  Yes ☐

15. Have you ever had a record expunged from a felony or any criminal conviction?      
    No ☐  Yes ☐

(Notary Seal)

Subscribed and sworn to before me this ________ day of 
_____________________, 20___.

My commission expires on __________________________.

_________________________________________  
Notary Public

Current 
Passport-Like Photo of 
You Facing Forward

(Application cannot be processed without 
photo. Photocopies will not be accepted. The 
photo must be an original of you facing 
forward.)

I, the undersigned, do hereby solemnly swear or 
affirm that I am the above applicant, and that the 
statements contained therein or accompanying this 
application are true to the best of my knowledge and 
belief. This application and signature shall act as 
authorization of entities in possession of applicable 
information to release such information to the Board. 
I also agree to uphold the laws and standards of 
conduct set forth in the laws of the State of Mississippi 
as pertain to the practice of Social Work

_________________________________________  ____________  
Applicant’s Signature                   Date

Complete form, make check or money order payable to 
MSBOE SW/MFT and mail to:

MS Board of Examiners for SW/MFT 
Post Office Box 4508 
Jackson, MS 39296–4508

MSBOESWMFT- FORM 266 REVISED 3/12/2019
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 $50 processing fee. Cashier’s checks and money orders are payable to the Board of Examiners.
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______________________________________________________________

Place of Employment _________________________________________________

Department____________________________

Position/Title__________________________________

Dates practiced _______________ to ________________

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.

______________________________________________________________

Print or type Employer’s Name Subscribed and sworn to me this

______________________________

Employer’s Signature

______ day of ________________, 20____.

_____________________________

Date (Notary Public)
STEPS TO BECOMING A LCSW SUPERVISOR

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 processing fee of $50, made payable to BOARD OF EXAMINERS.

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 five (5) 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 five (5) 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.
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.
## SUPERVISOR CONFERENCE VERIFICATION FORM

**QUARTER:**

**NAME:** ____________________________  **LICENSE NUMBER:** M_______

<table>
<thead>
<tr>
<th>DATE</th>
<th>SUBJECT OF CONFERENCE</th>
<th>Applicant’s Initials</th>
<th>Supervisor’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DATE</td>
<td>PRIMARY FOCUS</td>
<td>TIME</td>
<td>TOTAL TIME</td>
</tr>
<tr>
<td>------</td>
<td>---------------</td>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VERIFICATION OF FACE TO FACE CLIENT CONTACT

Notice to Applicant: Please complete the first section of this form and send a copy to the director or supervisor of each practice site or agency in which you practiced social work following the receipt of the master’s or doctoral degree in social work. You need documentation of at least a minimum of one-thousand (1000) hours of face to face client contact.

I. TO BE COMPLETED BY THE APPLICANT

Applicant’s Name __________________________________ SS# _____ - ____- ______
Address _________________________________________________________________
Street      City      State      Zip      Phone
Practice Site or Agency_____________________________________________________
Address _________________________________________________________________
Street      City      State      Zip      Phone
Position/Title ______________________________________________
Description of Responsibilities _______________________________________________
________________________________________________________________________
Dates of Practice: From   _____________________  To __________________________
Month/Year        Month/Year
Total weeks of practice at this site: _______ Average clinical hours/week ________
Total client contact hours at this site: Individual _____ Groups ____ Total hour _________

Oath and Authorization to Release
I attest that the above information is a true and accurate representation of my experience in the clinical practice of social work at the above site. Further, I authorize the above agency, director or supervisor to release the requested information.

____________________________________________________________________________
Signature of Applicant  Printed Name    Date

Continued on reverse side
II. TO BE COMPLETED BY PRACTICE SITE DIRECTOR OR SUPERVISOR

Please review the applicant’s description of his/her clinical practice of social work at your site/agency. If you have any additional information which would assist the Board in making a decision on licensure for this applicant, please provide that information below:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I attest that I served as (please indicate) director or supervisor for the applicant during the clinical experience described above and that this description is a true and accurate representation of the applicant’s clinical experience in social work at this site.

______________________________________________________________________________
Director or Supervisor’s Signature       Printed Name              Date
Name of Site_____________________________________ Phone ____________________

______________________________________________________________________________
Address                                    City            State            Zip

(If the director or supervisor who worked with the applicant cannot be located, the current director or supervisor may verify the applicant’s experience based on a review of the available records.

After a diligent and thorough search of available records, I attest that this description is a true and accurate record of this applicant’s clinical experience in social work at this site.

______________________________________________________________________________
Director or Supervisor’s Signature       Printed Name              Date
Name of Site_____________________________________ Phone ____________________

______________________________________________________________________________
Address                                    City            State            Zip

Please return this completed form directly to the following Board address:

Mississippi Board of Examiners for Social Workers & Marriage and Family Therapists
P.O. Box 4508 • Jackson, MS 39296-4508
Prepare
Read the “A Guide to Supervision for LMSW”.

Step 1
Find a Board approved LCSW Supervisor. A list of approved supervisors is available online at www.swmft.ms.gov

Or you can find a non-approved LCSW and have them complete the application to become a board approved supervisor.

Supervisors must be approved before plan of supervision can be approved by the Social Work Discipline Specific Committee (SWDSC).

Step 2
The LMSW and Board approved LCSW supervisor work together to develop a “Plan of Supervision”

Step 3
LMSW must submit the Application to Enter Into Contract for Supervision and the Plan of Supervision to the SWDSC for approval.

Step 4
Upon approval by the SWDSC, the LMSW is sent an approval letter/start date and the 1st evaluation form. The LMSW is supervised one hour per week for a period of six (6) months.

Step 5
1st evaluation is submitted to the SWDSC in six months for review. Upon approval the LMSW will receive approval confirmation and evaluation form and will began the next 6 month evaluation period.

Step 6
2nd evaluation is submitted to the SWDSC in six months for review. Upon approval the LMSW will receive approval confirmation and evaluation form and will began the next 6 month evaluation period.

Step 7
3rd evaluation is submitted to the SWDSC in six months for review. Upon approval the LMSW will receive approval confirmation, final evaluation form, termination of supervision form, reference request form, and initial application for LCSW designation and the LMSW will began the final 6 month evaluation period.

Step 8
After 24 months, the LMSW submits their final evaluation, termination of supervision, 3 completed professional references, verification of face to face client contact form and initial application form to the SWDSC for approval. Upon approval, the LMSW is sent a letter approving them to sit for the advance or clinical ASWB exam.

Attachment I