

A Guide to Supervision

For

Licensed Master Social Workers

( April 2009)

Mississippi State Board of Examiners  
For Social Workers and Marriage & Family Therapists  
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## **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

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.

<u><i>Orientation</i></u>	<u><i>Professional Development</i></u>	<u><i>Practice Context</i></u>
Purpose of Supervision	Knowledge	Application of Theory
Goals for Supervision	Skills	Commitment to Learning and Service
Agency Profile:	Values	Priorities in Practice
History	Administration	Responsibilities to Clients to Agency and Community
Services	Policy	
Mission	Research	
Organization		
Fiscal Base		
Accountability		

### *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.

<b>History</b>	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.
<b>Services</b>	Describe specifically the services provided by your agency and the population it serves.
<b>Mission</b>	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.
<b>Organization</b>	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.
<b>Fiscal Base</b>	How is your agency funded? Describe the funding sources.
<b>Accountability</b>	To whom or what is your agency accountable in terms of effective service delivery and integrity in the use of funds.

**Professional Development**

<b>Knowledge</b>	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.
<b>Skills</b>	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.
<b>Values</b>	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 <i>NASW Code of Ethics</i> 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

**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**

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**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 \_\_\_\_\_

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**II. Education Information**

Degree Conferred \_\_\_\_\_ Date Degree Conferred \_\_\_\_\_

Educational institution attended \_\_\_\_\_

**III. Employment Information**

Current Employer \_\_\_\_\_ Tel. (    ) \_\_\_\_\_

Address \_\_\_\_\_

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**II. Prospective LCSW Supervisor**      LCSW No. \_\_\_\_\_ Approved Supervisor's No. \_\_\_\_\_

Name as appears on LCSW license \_\_\_\_\_

Name if different from above \_\_\_\_\_

Current Home Address \_\_\_\_\_

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**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.

**MISSISSIPPI  
STATE BOARD OF EXAMINERS  
FOR  
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS**

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**SUGGESTED 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 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 \_\_\_\_\_

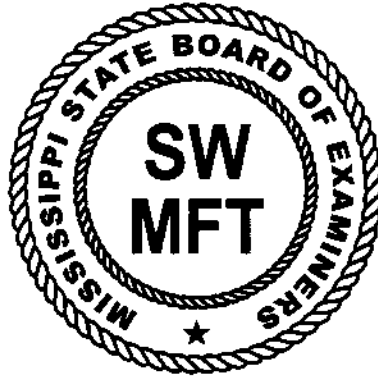
**Instructions:** Return to the applicant for submission to the Board of Examiners, along with his/her application and processing fee.

Evaluation # 1 2 3 4 (circle your answer)

Supervisee: \_\_\_\_\_ License# \_\_\_\_\_

Supervisor: \_\_\_\_\_ Approved Supervisor# \_\_\_\_\_

Date Completed: \_\_\_\_\_



# LCSW SUPERVISION EVALUATION FORM

MISSISSIPPI  
STATE BOARD OF EXAMINERS  
FOR SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS

P.O. Box 4508 • Jackson, MS 39296-4508 • 601- 987-6806



**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.)

	0	1	2	3	4	5	6	7	8	9	10
Quality of Social Work Performance in relation to other professionals and/or agencies. Generates respect and productive client-oriented outcomes from interactions with other professionals and/or agencies rather than allowing subjectivity and/or mood/affect to interfere with work and professional performance.	NOT ABLE TO OBSERVE	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.	Has occasional problems which conflict with professional or agency standards resulting in negative consequences.	Quality of work performance remains at an acceptable level when problems interfere with work performance. Initiates corrective action.	Work performance and relationships with other professionals and agencies have productive outcomes.	Demonstrates exemplary work performance and relationships which are frequently substantiated in formal and informal contacts with other clients/agencies/professionals.					
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.	0	1	2	3	4	5	6	7	8	9	10
Accepts supervision only when forced; attitude remains negative.	NOT ABLE TO OBSERVE	Uses scheduled supervisory conferences, but is reluctant to seek help. Non-spontaneous towards supervision.	Prepares for scheduled conferences and initiates conferences. Performance indicates use of supervisory interchange.	Is consistently prepared for supervision; work indicates maximum use of supervision.	Creative. Able to present thoughtful, detailed analysis of options to supervisor. Realistic in accepting limitations in resources.						
Commitment to Social Work profession, its values and ethics.	0	1	2	3	4	5	6	7	8	9	10
Makes derogatory comments about the profession; does not adhere to basic social work values; violates ethical standards.	NOT ABLE TO OBSERVE	Sometimes positive in attitudes towards profession. Usually is guided in professional practice by social work value base. Usually does not violate professional ethical standards.	Supports social work as a profession. Consistent in adherence to social work values and ethical standards.	Member of professional organizations. Positive in comments and actions concerning the profession. Consistent in adherence to professional values and ethical standards.	Leader in professional organizations; works to enhance the professional images of social work. Strict adherence to and promotion of professional values and ethical standards.						
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.	0	1	2	3	4	5	6	7	8	9	10
Subject of frequent complaints regarding quality of service and/or negative consequences for client.	NOT ABLE TO OBSERVE	Some complaints and/or less-than-expected outcome caused by limited ability to use personal resources.	Acceptable use of self to incorporate feedback to achieve expected outcome. Acceptable use of self in achieving expected outcome, ability to incorporate feedback to achieve expected outcome.	Ability to use self in promoting positive outcomes for the client in most instances.	Consistently effective in use of self to achieve positive outcome even in adverse situations.						
Self Evaluation: Ability to objectively identify and assess own behaviors, feelings, beliefs, to impact upon service delivery.	0	1	2	3	4	5	6	7	8	9	10
Does not demonstrate ability to evaluate self and rarely acknowledges the need to evaluate.	NOT ABLE TO OBSERVE	Limited awareness of own behaviors, feelings, and beliefs which impact upon professional performance.	Acceptable level of self-awareness and flexibility.	Consistently demonstrates self-awareness in assessing professional performance.	Demonstrates ongoing self-evaluation and adaptation of self to promote positive outcome.						
Commitment to continued professional learning.	0	1	2	3	4	5	6	7	8	9	10
Demonstrates no desire for continuing professional education nor engages in research activities.	NOT ABLE TO OBSERVE	Infrequently reads professional literature. Reluctantly takes advantage of learning opportunities.	Takes initiative in seeking continuing education opportunities. Reads professional literature.	Consistently seeks continuing education experiences. Frequently reads professional literature.	Actively seeks continuing education experiences. Avid reader of professional literature.						

	<b>OBSERVE</b>	1	2	3	4	5	6	7	8	9	10
<b>Initiative: Ability to act independently.</b>	0 NOT ABLE TO OBSERVE	Very dependent. Demonstrates no ability to carry out actions independently and/or avoids situations requiring independent actions. OR Excessively independent. Fails to use good judgment in consulting supervisor when necessary.	Some ability to carry out actions independently if similar situation has occurred and actions can be modeled.	Willingness on most occasions to assume responsibility for independent actions.	Demonstrates increased ability to act independently and does so frequently.	Consistently demonstrates ability to act independently and seeks additional responsibilities.					
<b>Ability to formulate Diagnostic Assessment, systematically gathers, organizes, and synthesizes data to delineate the parameters of the problem.</b>	0 NOT ABLE TO OBSERVE	Does not demonstrate knowledge and use of assessment technique and rarely bases service on client needs.	Limited ability to assess problem areas; unable to discriminate relevant from irrelevant information.	Effective in most situations; is able to anticipate data needs and collect sufficient information in an organized manner to identify immediate needs; uses supervisor in difficult cases.	Gathers data systematically and efficiently; able to identify information gaps and actively seeks missing information; assesses long term as well as immediate needs of the client system.	Exceptionally effective in identification and analysis of contributing factors in complex situations to produce a concise, sophisticated needs assessment.					
<b>Ability to formulate and implement treatment (intervention) approaches. Strategies for problem resolution.</b>	0 NOT ABLE TO OBSERVE	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.	Limited ability to involve client in goal determination and to provide specific treatment according to the assessment.	Ability to develop, plan, and select most effective strategy and provide treatment and intervention at the expected level with client involvement.	Effective in providing treatment as demonstrated by evaluation of Poor Review/Quality Assurance reports, case records, client reports, and reports of professional colleagues and community.	Exceptionally effective in providing appropriate treatment in the most complex circumstances through creative intervention strategies.					
<b>Ability to establish effective professional relationships with clients; promotes conditions fostering trust in a professional relationship that allows for growth, self-discovery, and change.</b>	0 NOT ABLE TO OBSERVE	Demonstrates difficulties in establishing relationships; allows unproductive situations to develop.	Demonstrates the ability to relate appropriately and constructively with clients, but occasionally has problems showing objectivity.	Demonstrates the purposeful use of self and client in developing, maintaining, and terminating professional relationships.	Consistently demonstrates sensitivity to issues in client/professional relationship; able to establish and maintain rapport with clients; ability to recognize factors within the client and self that impact the professional relationship; ability to use factors in a creative way to promote the relationship and the achievement of the goal. Consistently maintains sensitivity and perceptivity in listening to client's feelings; uses own experiences and perceptions therapeutically with client.	Demonstrates non-judgmental acceptance and consistently develops positive, productive professional relationships including the most difficult clients.					
<b>Ability to communicate orally.</b>	0 NOT ABLE TO OBSERVE	Communication is disorganized, vague, general, and irrelevant.	Expresses self well enough to be understood.	Ability to organize and concisely incorporate relevant data in the presentation.	Above average ability to express self consistently in an organized manner with concise, relevant presentation of data.	Ability to communicate based on an understanding of sociocultural differentials such as ethnicity and age; ability to use appropriate language in a clear manner.					
<b>Ability to communicate in writing.</b>	0 NOT ABLE TO OBSERVE	Communication is disorganized, vague, general, and irrelevant.	Expresses self well enough to be understood.	Ability to organize and concisely incorporate relevant data in the presentation.	Above average ability to express self consistently in an organized manner with concise, relevant presentation of data.	Ability to communicate based on an understanding of sociocultural differentials such as ethnicity and age; ability to use appropriate professional language in a clear manner.					

Please make additional comments:(required)

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Date and Location of Onsite Visit: \_\_\_\_\_

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\_\_\_\_\_  
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

Full legal name of Supervisee \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

LCSW Supervisor No. \_\_\_\_\_

\_\_\_\_\_

Date Completed \_\_\_\_\_

\_\_\_\_\_

Work telephone number \_\_\_\_\_

Attachment C

## 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: \_\_\_\_\_  
(please print)

Employment address: \_\_\_\_\_  
(Company)

\_\_\_\_\_  
(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

Mississippi
State Board of Examiners for Social Workers & Marriage and Family Therapists
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
Last First Middle Maiden (if applicable)

Address
Street City State Zip Phone

I hereby authorize to release the requested information.

Applicant Signature Date

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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 an 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:

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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 accredited by the Council on Social Work Education (CSWE) or Southern Association of College and Schools (SACS)? ***If you are not a student, skip to question #5.*** No  Yes

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: \_\_\_\_\_



**MISSISSIPPI STATE BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS**

- 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. No  Yes
- 10. Has any court ever declared you mentally incompetent? If yes, attach an full explanation. No  Yes
- 11. Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal 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. No  Yes
- 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. No  Yes
- 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

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**

**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.)

**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 \$50 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. \_\_\_\_\_

**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

**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)

**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

## **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.

## 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

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.





## 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:

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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.

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Director or Supervisor's Signature	Printed Name	Date
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Name of Site \_\_\_\_\_ Phone \_\_\_\_\_

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Address	City	State	Zip
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(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.

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Director or Supervisor's Signature	Printed Name	Date
------------------------------------	--------------	------

Name of Site \_\_\_\_\_ Phone \_\_\_\_\_

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Address	City	State	Zip
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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**

# LMSW SUPERVISION FLOWCHART

