

**Mississippi 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. \_\_\_\_\_ Last 4 of SS No. \_\_\_\_\_

Name as appears on your LMSW license \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Email 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 \_\_\_\_\_

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

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Current number of LMSW under contract for supervision with you: \_\_\_\_\_

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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:** Please return both pages of this application along with the completed Plan of Supervision and \$80.00 processing fee payable by cashier's check or money order to the address at the top of this application.

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**MANDATED OUTLINE FOR PLAN OF SUPERVISION**

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

**Orientation:**

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

**Professional Development:**

Knowledge  
Skills  
Values  
Administration  
Policy  
Research

**Practice Context:**

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*As supervisor, I agree to face-to-face meetings with \_\_\_\_\_ for an average of one hour per week, during which time the declarations of this plan of supervision will be addressed. A total of 100 hours FOR A MINIMUM OF TWENTY-FOUR months or a maximum of thirty-six (36) months will be completed. Fifty percent (50%) of supervisory interactions must take place in the form of individual, face to face interaction.*

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

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

Signed \_\_\_\_\_ Approved Supervisor's No. \_\_\_\_\_

Date \_\_\_\_\_

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