

**Mississippi Board of Examiners for
Social Workers and Marriage & Family Therapists
(601) 987-6806/Fax: 601-987-6808
info@swmft.ms.gov**

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 _____

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 _____

Current Home Address _____

Email Address _____ Telephone Number _____

Current number of LMSW under contract for supervision with you: _____

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. You may conveniently email these documents to us and pay your fee online through the licensee portal.

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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 _____

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.