

Full legal name of Supervisee _____

Supervisor _____

Address _____

LCSW Supervisor No. _____

Date Completed _____

Email _____

Contact 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, email to the Social Work Licensing Officer
or mail to:

Board of Examiners
P. O. Box 4508
Jackson, MS 39296-4508