

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. _____ Last 4 SSN _____

Name as appears on your LCSW license _____

Name if different from above _____ Date of Birth _____

License expiration date: _____ Tel. () _____

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 is required. 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.

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: Complete the LCSW Test and Application for Certification as a LCSW Supervisor, and mail everything in together to the Board's address listed above with an \$80.00 money order or cashier's check.

FOR BOARD USE ONLY
APPROVE _____ NOT APPROVED _____ DATE: _____
ASSIGNED SUPERVISOR ID No. _____

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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 _____

+++++

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)

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LCSW Supervisor Test

INSTRUCTIONS: Complete the LCSW Test and Application for Certification as a LCSW Supervisor, and mail everything in together to the Board's address listed above. Do not forget to include the Application and Application Fee.

Include your name, address, telephone number & email address. The test will be scored & results will be mailed or emailed to you. Keep your documentation to include with your continuing education report during license renewal years.

Name: _____ License Number: _____

Mailing Address: _____

Email address: _____ Phone # _____

Please read the guidelines and rules/regulations pertinent to performing the duties of a Licensed Certified Social Work Supervisor. Then answer the following questions by selecting the best answer.

1. The supervision process may begin:
 - a. At any time decided upon by the supervisee & supervisor
 - b. Only after approval by the Social Work Discipline Specific Committee (SCDSC) of the Board of Examiners
 - c. Once a supervision plan is developed and mailed to the BOE
 - d. All of the above

2. It is the supervisee's responsibility to:
 - a. Secure an approved LCSW supervisor
 - b. Complete an application to enter into supervision
 - c. Submit a processing fee (\$80.00)
 - d. All of the above

3. A Licensed Master Social Worker who desires to enter into a supervisory relationship can do so with:
 - a. Any LCSW
 - b. A BOE approved LCSW supervisor
 - c. An LCSW who plans to take the supervision training

4. Once the supervision plan is submitted to the BOE, it is automatically approved by the SWDSC and the LMSW and LCSW may begin the supervision process.
 - a. True
 - b. False

LCSW Supervisor Test – Page 2

5. At the end of the supervisory process, supervision sessions should total ____ hours of meeting time.
 - a. 36
 - b. 24
 - c. 100
 - d. 1,000

6. At the end of the supervisory process, face to face client contact hours should total ____ hours.
 - a. 500
 - b. 1,000
 - c. 2,000
 - d. 3,000

7. Applicants for the LCSW exam are allowed take the ASWB exam:
 - a. Only once
 - b. Every ninety days
 - c. Every 2 months
 - d. Anytime

8. The LCSW supervisor must have:
 - a. A valid license
 - b. 2 years of verifiable practice at the LCSW level
 - c. Both of the above

9. LCSW supervisors may supervise no more than __ supervisee(s) at any given time.
 - a. 7
 - b. 10
 - c. 5
 - d. 1

10. Social Worker Supervisees' employment status includes which of the following?
 - a. must be employed in a social work setting (institution, agency, center that delivers social services, or a similar entity)
 - b. can be employed anywhere (social work or non-social work setting)
 - c. can be unemployed
 - d. employment status is not specified by the supervision handbook

11. In order to change supervisors, the LMSW should:
 - a. Ensure that the current supervisor completes an evaluation and a termination form
 - b. Ensure that the documents are sent within 30 days of termination to the BOE
 - c. Submit a new application & supervisory contract (with revisions) to the BOE
 - d. All of the above

LCSW Supervisor Test – Page 3

12. Obligations of the supervisee during supervision include:
- Seek critical professional feedback & evaluation from the supervisor
 - Maintain documentation of the supervision sessions
 - Prepare for sessions
 - Seek knowledge regarding resources & collegial contacts
 - All of the above
13. Obligations of the supervisor include:
- Maintain documentation of the sessions
 - Provide evaluation of the supervisee at required time periods
 - Identify supervisee's ability to practice without harm to the public
 - All of the above
14. Supervisors should avoid dual relationships in supervision including:
- Their children or parents
 - Spouses or former spouses
 - Siblings
 - Anyone sharing the same household
 - All of the above
15. The BOE has a recommended fee schedule for supervision sessions:
- True
 - False
16. The plan of supervision is designed to guide:
- The LMSW's work environment
 - The topics of discussion, study & consultation during supervisory sessions
 - The LMSW's personal goals
17. The 3 main areas of the plan of supervision are orientation, professional development, practice context.
- True
 - False
18. The minimum period of supervision is for 24 months, however, the supervision process exceeds the 24 month mark because the Social Work Discipline Specific Committee must review the evaluations after each six month period.
- True
 - False
19. Sections of the supervision plan are optional.
- True
 - False

LCSW Supervisor Test – Page 4

20. The LMSW supervisee should have a continuous commitment to learning and service.
- True
 - False
21. Face-to-face interaction is required for supervision.
- True
 - False
22. Supervision via alternative means includes:
- Direct, interactive exchange
 - Live exchange
 - Verbally & visually interactive
 - All of the above
23. No more than ___ of the required hours of supervision may be by alternate means:
- One-fourth
 - One-half
 - One-tenth
 - There is No limit
24. It is expected by the Board of Examiners, Social Work Discipline Specific Committee that supervisees receive scores of all “10’s” on the first evaluation.
- True
 - False
25. The Mississippi State Board of Examiners for Social Workers & Marriage & Family Therapists does not recommend, endorse, prescribe, or promote the establishment of compensation agreements for supervision. However, which of the following are true according to the BOE “Guide to Supervision”?
- If fees are charged they are usually based on an hourly rate
 - The payment agreement is made between the supervisor & the supervisee
 - According to NASW, there seems to be no standard fee schedule for supervision
 - All of the above
26. Which of the following are mandatory on each six-month’s evaluation form?
- Site visit notes recorded by the supervisor
 - Comments about supervisee’s progress
 - Signatures & dates of signatures by both the supervisor and supervisee
 - All of the above

Note: A review of regulations & guidelines combined with a passing score of 88% yields two hours (2) continuing education credits specific to LCSW Supervisors.

SPECIFIC REQUIREMENTS REGARDING CERTIFICATION AS 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 fees.

INSTRUCTIONS FOR COMPLETING A MINIMUM OF SIXTEEN (16) HOURS OF LCSW SUPERVISION TRAINING THROUGH A COMBINATION OF ONLINE COURSES AND THE WRITTEN LCSW SUPERVISOR TEST TO BECOME A BOARD APPROVED LCSW SUPERVISOR

The rules and regulations require that certification as a Board approved LCSW Supervisor requires the following: 1) LCSW with a minimum of two years of verifiable practice at the LCSW level and; 2) completion of a Board approved supervision course for a minimum of sixteen (16) hours. After the approval of LCSW Supervisor status, each supervisor must submit two hours of board approved supervision continuing education with the renewal of their license.

Instructions

1. An LCSW can go to the following link: <http://www.zurinstitute.com/supervision15course.html> and purchase fifteen (15) hours of LCSW supervision. Upon completion of the courses, please maintain all certificates of completion for documentation. You will mail copies of the certificates in with the LCSW Application and Test.
2. Complete the LCSW Test and Application for Certification as a LCSW Supervisor, and mail everything in together to the Board's address with an \$80.00 money order or cashier's check.

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 seven (7) 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 seven (7) 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.