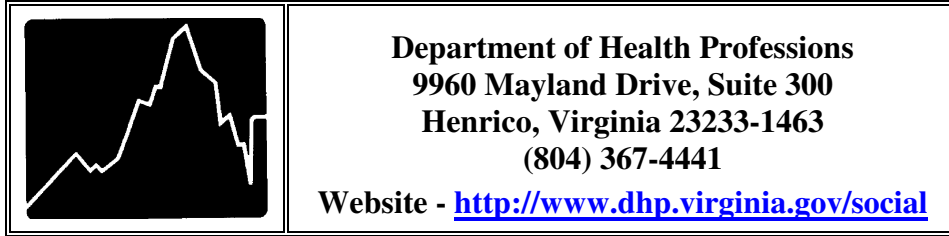


COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK



PAPER APPLICATION INSTRUCTIONS FOR
REGISTRATION OF SUPERVISION TOWARDS LCSW

****Only complete this application packet if an online application was NOT submitted.****

Application:

- Fee:** A \$25.00 registration fee paid by check or money order made payable to the “Treasurer of Virginia”. This fee is non-refundable and non-transferable.

*Registration forms lacking a social security number or VA Department of Motor Vehicles number will not be processed. This number will be used for identification and will not be disclosed for other purposes except as provided by law.

Supporting documentation:

Upon completion of the **Paper Application for Initial Registration of Supervision towards LCSW** (this form should be completed by the applicant and the proposed supervisor. Original signatures are required) you will be required to submit to the Board office the following items in a *single* packet:

- Verification of Education:** An official graduate transcript
- If you have been previously approved by the Board for supervision, a duplicate transcript is not required.
- Job Description:** An official job description on company letterhead and signed by the applicant’s registered supervisor.
- Verification of Practicum/Education:** This form should be completed by the **graduate school program official or administration office** and mailed directly to you and included with your supportive documentation.
- If you were previously approved by the Board for supervision, a duplicate form is not required.
- Supervisor’s Certificate of Training:** A copy of the registered supervisor’s certificate of completion of professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105 is required. (Note: The graduate course or hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.)
- Name Change:** Documentation must be provided to show each name change(s) if your name has ever been changed from the time you attended school or were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Read the Virginia Board of Social Work Regulations carefully for the requirements for licensure as a clinical social worker (LCSW). The Regulations are available at www.dhp.virginia.gov/social.

YOU SHOULD NOT BEGIN COUNTING HOURS TOWARDS LICENSURE UNTIL YOU HAVE RECEIVED WRITTEN BOARD APPROVAL.

Please make copies of all forms enclosed in the application packet for your records.

EDUCATION CONTINUED:

Institution Name	Dates of Attendance (MM/YY) From: To:
Major	Concentration (Choose One) <input type="checkbox"/> Macro/Policy Oriented <input type="checkbox"/> Other: (please specify) <input type="checkbox"/> Clinical/Direct Services _____
Type of Degree Received	Date Degree Conferred

GRADUATE FIELD PRACTICUM INFORMATION:

Graduate Field Practicum Experience	Dates of Practicum Experiences (MM/YY) From: To:
Primary Duties	
Graduate Field Practicum Experience	Dates of Practicum Experiences (MM/YY) From: To:
Primary Duties	
Graduate Field Practicum Experience	Dates of Practicum Experiences (MM/YY) From: To:
Primary Duties	

ANSWER THE FOLLOWING QUESTIONS:**YES NO**

<p>1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination and where:</p> <p>2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? If yes, explain in detail.</p> <p>3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) If yes, explain in detail and provide court documents.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
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<p>4. In the last twelve (12) months, have you been unable to practice social work by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? If yes, please provide an explanation on a separate sheet of paper.</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>5. Have you ever been censored, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? If yes, provide an explanation on a separate sheet of paper.</p>	<input type="checkbox"/> <input type="checkbox"/>

TO BE COMPLETED BY SUPERVISOR (Please type or print legibly in blue or black ink):

Name (Last, First)	(Middle Initial)	(Maiden)	(Suffix)
Business Name and Address (Street and/or Box Number, City, State, Zip Code)			
Email address		Telephone Number Business: Fax:	
Type of Professional License		Virginia License Number	
Initial License Date	Licensure Expiration Date		
Do you have three years post-licensure clinical social work experience in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the supervisee meet the minimum client contact hours per week as listed in Regulation 18VAC140-20-50? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ALL SECTIONS TO BE COMPLETED BY SUPERVISOR AND SUPERVISEE:

PLEASE PROVIDE EXAMPLES OF HOW YOU WILL BE PERFORMING ASSESSMENTS WHILE UNDER SUPERVISION.
You must use the space provided on this supervisory contract; however if *additional* space is needed, please use a separate sheet of paper. The supervisor and supervisee must sign all addendums.

PLEASE PROVIDE EXAMPLES OF HOW YOU WILL BE PERFORMING DIAGNOSES WHILE UNDER SUPERVISION.
You must use the space provided on this supervisory contract; however if *additional* space is needed, please use a separate sheet of paper. The supervisor and supervisee must sign all addendums.

PLEASE PROVIDE EXAMPLES OF HOW YOU WILL BE PERFORMING PSYCHOTHERAPY AND COUNSELING WHILE UNDER SUPERVISION.

You must use the space provided on this supervisory contract; however if *additional* space is needed, please use a separate sheet of paper. The supervisor and supervisee must sign all addendums.

DECLARATION OF SUPERVISOR AND SUPERVISEE:

I, _____, declare under penalty of perjury under the laws of the Commonwealth of Virginia that I reviewed and understand the Virginia Board of Social Work regulations pertaining to supervision. I understand that I must observe and comply with the supervision requirements set forth in the regulations.

I will not provide supervision to _____ in areas outside of the competencies of my license to practice as a Licensed Clinical Social Worker. As supervisor, I assume responsibility for the clinical activities of the individual registered under my supervision. We hereby agree to this supervision which is being registered with the Virginia Board of Social Work.

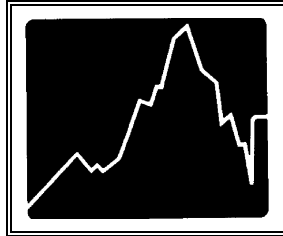
SIGNATURE OF SUPERVISOR

DATE

SIGNATURE OF SUPERVISEE

DATE

COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK



Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
(804) 367-4441
Website <http://www.dhp.virginia.gov/social>

VERIFICATION OF EDUCATION AND FIELD PLACEMENT/PRACTICUM HOURS

This form must be completed by the graduate school program official or administration office.

TO BE COMPLETED BY THE APPLICANT

Last Name	First Name	M.I.	Maiden or Other
Site Where Practicum Took Place (Business Name, Street, City and Zip Code required)			
Applicant's Student ID Number		Applicant's Social Security Number or VA DMV Number	

TO BE COMPLETED BY THE GRADUATE SCHOOL PROGRAM OFFICIAL OR ADMINISTRATION OFFICE

Part I:

Starting Date of Practicum	End Date of Practicum
Total Number of Practicum Hours or Minimum Hours Required at the Time of Practicum Experience	
<p>I certify, to the best of my knowledge, that the applicant's field placement/practicum supervisor held a licensed clinical social worker (LCSW) license or held a master's or doctorate degree in social work and had a minimum of three years of experience in clinical social work services after earning a graduate degree set forth in Regulation 18VAC140-20-49 of the Virginia Regulations.</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

Part II:

Please verify if the following **advanced** coursework was **successfully** completed by the applicant as part of a "clinical course of study?" **Check all that apply.**

<input type="checkbox"/> Human Behavior and the Social Environment	<input type="checkbox"/> Social Justice and Policy
<input type="checkbox"/> Psychopathology	<input type="checkbox"/> Diversity Issues
<input type="checkbox"/> Research	<input type="checkbox"/> Clinical Practice with Individuals, Families and Groups

Printed Name of School _____

Printed Name of Program Official _____

Title _____

Signature _____ Date _____