



APPLICATION TO BE A BOARD-APPROVED SUPERVISOR SOCIAL WORK

This application allows the Board to review and approve your credentials to provide supervision and have you added to, or remain on, the [Approved Supervisor Registry](#).

New Supervisor Applicants: If you are currently not a Board-Approved supervisor, please complete Parts I and II of this application and return the signed application and copies of your training certificate(s) to the Board via email at: swdocs@dhp.virginia.gov

Existing Supervisor Applicants: If you are currently a Board-Approved supervisor and you need to provide proof of your continued education training in supervision, please complete Parts I and III of this application and return the signed application and copies of your training certificate(s) to the Board via email at: swdocs@dhp.virginia.gov

Part I: Current Information – All Applicants

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Date of Birth: (MM/DD/YYYY) ___ / ___ / ___		Last 4 digits of Social Security Number: XXX-XX- ___	
Virginia LCSW License Number: _____			
<p>Published Address: § 54.1-3705 of the Code of Virginia grants the Board of Social Work the power and duty to maintain on the Board's website a list of the names and contact information of persons currently approved by the Board to supervise candidates for licensure as a clinical social worker. If approved, your name and the address provided below will be made public on the registry. <i>You may provide an address other than a residence, such as a Post Office Box or practice location if you wish.</i></p>			
Address:			
City:	State:	Zip Code: _____	

Part II: New Supervisors Only

I hold an active, unrestricted license as a Virginia LCSW and have at least two years of post-licensure clinical social work experience.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have provided evidence that I have completed the required professional training in supervision. The training certificate(s) and/or official transcript must show the following: a. Training content: Supervision; b. Provider: Listed in 18VAC140-20-105 ; c. Time frame: Within 5 years immediately preceding your registration of supervision application; and d. Hours: 14 hours of continuing education or 3 credit-hour graduate level course	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I acknowledge that the professional training in supervision must be completed 5 years immediately prior to the applicant submitting their application for registration of supervision.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part III: Existing Supervisors Only

I have provided evidence that I have completed the required professional training in supervision. The training certificate(s) and/or official transcript must show the following: a. Training content: Supervision; b. Provider: Listed in 18VAC140-20-105 ; c. Time frame: Within 5 years immediately preceding your registration of supervision application; and d. Hours: 7 hours for continuing education training.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I acknowledge that the professional training in supervision must be completed 5 years immediately prior to the applicant submitting their application for registration of supervision.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

My signature acknowledges that I understand the qualifications and responsibilities of a Board approved supervisor as listed in [18VAC140-20-50B and C](#), and attest that the information contained within the application is true and accurate to the best of my knowledge and belief.

Signature of Licensee

Date