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VERIFICATION of CLINICAL SUPERVISION

IMPORTANT NOTICE:

The applicant should complete the top portion of this form **only**, then provide this form to the supervisor who supervised the applicant's post-master's degree experience. The completed form should be returned to the applicant for inclusion in their application packet that must be sent to the Virginia Board of Social Work. **If supervision took place under more than one Board-approved supervisor, a separate form is required for each supervisor.**

TO BE COMPLETED BY APPLICANT/SUPERVISEE: Complete the top portion of this form **only**.

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Email Address:		Phone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___	

TO BE COMPLETED BY SUPERVISOR:

Part I: Supervisor's Information

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Email Address:		Supervisor's Phone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___	

Part II: Worksite Information *(location where supervisee obtained post-master's degree experience hours toward licensure)*

Name of Worksite:		
Address of Worksite:		
City:	State:	Zip Code: _____

Part III: Dates of Supervision

Start Date: (MM/DD/YYYY) ___/___/_____	End Date: (MM/DD/YYYY) ___/___/_____	Total Months:
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Part IV: Hours & Competencies *(Answers to the below questions should be provided based on the supervision obtained **only** under the instructions of the supervisor completing this form. If the response is "NO" to any of the below questions, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.)*

	<input type="checkbox"/> YES <i>Exact # of Hours Obtained</i>		<input type="checkbox"/> NO <i>If not, how many hours</i>	
	Individual	Group	Individual	Group
a. Did the applicant receive a minimum of one (1) hour and a maximum of four (4) hours of face-to-face supervision per 40 hours of work experience for a total of at least 100 hours with no more than 50 of the 100 hours obtained in group supervision while under your supervision? <i>(Do not include hours obtained under another supervisor)</i>	_____	_____	_____	_____
b. Did the applicant complete a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of "clinical social work services" and in ancillary services that support such delivery while under your supervision? <i>(Do not include hours obtained under another supervisor)</i>	_____	_____	_____	_____
c. Did the applicant obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of "clinical social work services" while under your direct supervision? <i>(Do not include hours obtained under another supervisor)</i>	_____	_____	_____	_____
d. Did the applicant demonstrate minimum competencies of identified theory base while under your supervision?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
e. Did the applicant demonstrate minimum competencies of application of a differential diagnosis while under your supervision?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	

f. Did the applicant demonstrate minimum competencies of establishing and monitoring a treatment plan while under your supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Did the applicant demonstrate minimum competencies of development and appropriate use of the professional relationship while under your supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Did the applicant demonstrate minimum competencies of assessing the client for risk of imminent danger while under your supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Did the applicant demonstrate minimum competencies of implementing a professional and ethical relationship with clients while under your supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Did the applicant demonstrate minimum competencies of understanding the requirements of law for reporting any harm or risk of harm to self or others while under your supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. In your opinion, has the applicant demonstrated competency sufficient for licensing and the independent practice as a clinical social worker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Part V: Declaration of Supervisor

I, _____ (name of supervisor) declare by my signature, to the best of my knowledge the foregoing is true and correct.

Signature of Supervisor

Date

ORIGINAL, ELECTRONIC OR E-SIGNATURE REQUIRED