



REQUEST FOR TERMINATION OF SUPERVISION

IMPORTANT NOTICE:

Pursuant to 18VAC140-20-50(C)(8) of the [Regulations Governing the Practice of Social Work](#), this form can be used to notify the Virginia Board of Social Work of the termination of a board-approved supervisory contract between a supervisor and supervisee. If supervision is being terminated at more than one worksite location, a separate form should be completed. This form may be mailed, fax or emailed to the Virginia Board of Social Work. If emailing this form to the Board, please use the subject line (**Request for Termination of Supervision**).

At the conclusion of the supervised experience, the supervisor shall provide the supervisee with a complete [Verification of Clinical Supervision form](#) to be held in the possession of the supervisee until the completion of their supervision.

SUPERVISEE'S INFORMATION			
Supervisee's Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Supervisee's Telephone Number: (___ ___ ___) ___ ___ - ___ ___		Supervisee's Email Address:	

SUPERVISOR'S INFORMATION			
Supervisor's Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Supervisor's Telephone Number: (___ ___ ___) ___ ___ - ___ ___		Supervisor's Email Address:	
Supervisor's License Number: _____			

SUPERVISED EXPERIENCE INFORMATION		
Name of Board Approved Worksite Location:		
Address Worksite Location:		
City:	State: <b style="text-align: center;">Virginia	Zip Code: _____
Date of Termination: (MM/DD/YYYY) ____ / ____ / ____		

Signature of Supervisor

Date

FOR OFFICE USE ONLY (BOSW Staff)		
ROS # Terminated 0906-	Date Processed	Processed By