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## REQUEST FOR TERMINATION OF SUPERVISION

## **IMPORTANT NOTICE:**

Pursuant to 18VAC140-20-50(C)(8) of the <u>Regulations Governing the Practice of Social Work</u>, 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 <u>Verification of Clinical</u> <u>Supervision form</u> to be held in the possession of the supervisee until the completion of their supervision.

Supervisee's Telephone Number:  () Supervisee's Email Address:  SUPERVISOR'S INFORMATION  Supervisor's Last Name:  First Name:  Middle/Maiden Name:  Suffix:	SUPERVISEE'S INFORMATION							
SUPERVISOR'S INFORMATION  Supervisor's Last Name: First Name: Middle/Maiden Name: Suffix:  Supervisor's Telephone Number: Supervisor's Email Address:	Supervisee's Last Name:	First Name: Midd		Iiddle/Maiden	Name:	Suffix:		
SUPERVISOR'S INFORMATION  Supervisor's Last Name: First Name: Middle/Maiden Name: Suffix:  Supervisor's Telephone Number: Supervisor's Email Address:								
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SUPERVISED EXPERIENCE INFORMATION								
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City:    State:   Zip Code:     Date of Termination: (MM/DD/YYYY)   / /   Signature of Supervisor   Date	ROS # Terminated 0906-	Date Processed			Processed By			
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