TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS

Clinical Supervision Verification for LCSW

****Be sure to complete all sections of form.****

I. Supervisee's Information

Supervisee Name (Last, First)	License Number

II. Supervisor's Information (completed by supervisor)

Supervisor Name (Last, First)	License Number

III. Supervision Verification (completed by supervisor)

****Supervision hours and months must be in whole numbers.****

Dates of supervision:	From	(MM/DD/YYYY)	To	(MM/DD/YYYY)	Total Months	
Total number of supervision hours for time period listed above (to be applied to the 100 hour requirement):					Total Hours	
Total hours of supervised professional clinical employment experience worked during this verification period (to be applied to the 3,000 hour requirement):					Total Hours	

IV. Supervisor's Recommendation

As supervisor of the applicant's clinical experience, do you have any reservations about the applicant being granted a license as a licensed clinical social worker?

☐ Yes ☐ No **(If yes, please include a letter outlining your concerns)**

V. Affidavit of Understanding and Signatures

The following statements must be initialed by the supervisor and supervisee:

_____ _____ I hereby certify that I have reviewed the regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

_____ _____ Under penalties of perjury, I declare and affirm that the statements made above, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with the supervision plan may be cause for denial or loss supervision time received and/or loss of licensure.

Supervisee Signature		Date	
Supervisee Name Printed			
Supervisor Signature		Date	
Supervisor Name Printed			

Mail To:
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