



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

www.ncswboard.gov

Phone (336) 625-1679
Fax (336) 625-4246

Clinical Social Work Supervision Form

For Level C Licensure Only (LCSW applicants or LCSWA applicants)

This form is used to document hours previously acquired (NOT TO BE USED BY LCSWA LICENSEES)

Applicant Name _____ Date _____

Supervisor Name _____

TO BE COMPLETED BY THE CLINICAL SUPERVISOR

The above named individual is applying for clinical social work licensure. Your candor in completing this form would be appreciated. Please print legibly or type. Carefully answer each question. Please return this form to the applicant in an envelope with your signature over the seal. He or she will return your sealed envelope to the Board with the completed application packet. You may write or call the Board directly if you have any questions or concerns.

- 1. Title of applicant's position: _____
2. Describe applicant's clinical social work duties and responsibilities with information about population served, problems addressed, assessment and treatment modalities used for treatment and diagnosis of mental and emotional disorders:

(If more space is needed, use back of this form.)

- 3. Where did the applicant work? _____
4. Dates applicant was employed (MM/DD/YYYY): _____ to _____
5. Total number of hours employed _____
Dates supervision was provided (MM/DD/YYYY): _____ to _____
6. Hours of individual supervision provided by you: _____
7. Hours of group supervision provided by you: (Maximum of 25 hours): _____
8. Total combined hours of individual and group hours provided: _____

I hereby certify that the above information is correct, and that I am Certified/Licensed/Registered as a Clinical Social Worker with a graduate degree in social work from a program accredited by the Council on Social Work Education (CSWE) and have at least two years of clinical social work experience post licensure.

Signed _____ Date _____

Name (Print) _____

Title _____ License Number _____

Address _____

City, State, Zip _____

Phone(s) _____

Please return this form to the applicant in a sealed envelope with your signature over the sealed closure.

Thank you for your assistance