North Carolina Social Work Certification and Licensure Board

Supervision Manual

A Guide for the Supervision of Licensed Clinical Social Worker Associates

Revised July 2022

Supervision Manual

This manual is provided by the North Carolina Social Work Certification and Licensure Board (NCSWCLB or the "Board") as a resource to Licensed Clinical Social Worker Associate (LCSWA) licensees and those supervising LCSWA licensees. The intent of this manual is to provide information regarding the Board's authority as it relates to the Associate license and provide guidelines to assist both the LCSWA and the clinical supervisor engaged in the supervised practice period. The information in this manual is supplemental information and should be considered in conjunction with rather than in lieu of the requirements and regulations set forth in Chapter 90B of the North Carolina General Statutes and Title 21, Chapter 63 of the North Carolina Administrative Code. Please make sure you maintain a current copy of the State laws governing social work practice in North Carolina.

Disclaimer: The SAMPLE documents are provided as a courtesy and are for reference only. The Board makes no guarantee or warranty; either expressed or implied that these documents, particularly the agreements, are endorsed or approved by the Board.

The Board first published a Supervisor Manual in 2007. The manual has been amended and updated as needed to reflect changes in legislation and/or forms. Many individuals have contributed to the process of compiling the information and preparing the documents included herein. Their hard work and dedication has been a significant contribution to what we hope will be a useful tool to licensed clinical social worker associates and their clinical supervisor. Much thanks goes to the following individuals:

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The many social workers whose submissions we were able to draw from to provide outlines and/or examples of the kind of reports needed for documentation of supervised practice and compliance with standards for supervision and emergency consultation

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NCSWCLB MISSION STATEMENT

The mission of the North Carolina Social Work Certification and Licensure Board is to protect the public by setting standards for qualification, training, and experience for those who seek to represent themselves to the public as certified social workers or licensed clinical social workers and by promoting high standards of professional performance for those engaged in the practice of social work in accordance with the Social Worker Certification and Licensure Act [N.C. Gen. Stat. 90B] and related Rules [N.C.A.C. Title 21, Chapter 63].

SECTION ONE

Clinical Social Work Practice And Supervision Requirements

Part I: The Role of the Regulatory Board

The North Carolina Social Work Certification and Licensure Board (the "Board") was created for the purpose of carrying out the provisions of Chapter 90B of the North Carolina General Statutes [NCGS 90B], known as the "Social Worker Certification and Licensure Act".

Statutory Authority

Chapter 90B consists of the **Statutes** (laws) under which the North Carolina Social Work Certification and Licensure Board operates. All individuals certified or licensed by this Board have affirmed by signature on the application that they have read and agree to abide by all of the statues and rules governing social work practice in North Carolina. Some noteworthy statutes relevant to clinical social work practice and supervision of Associate licensees (LCSWA) include the following:

- **North Carolina law requires a license to engage in clinical social work practice:**

Statute [NCGS 90B-4] clearly mandates the requirement for licensure by stating, "it is unlawful to engage in or offer to engage in the practice of clinical social work without first being licensed under this Chapter as a clinical social worker."

Statute [NCGS 90B-3] defines Clinical Social Work Practice as:

> "The professional application of social work theory and methods to the biopsychosocial diagnosis, treatment, or prevention, of emotional and mental disorders. Practice includes, by whatever means of communications, the treatment of individuals, couples, families, and groups, including the use of psychotherapy and referrals to and collaboration with other health professionals when appropriate. Clinical social work practice shall not include the provision of supportive daily living services to persons with severe and persistent mental illness as defined in G.S. 122C-3(33a)."

The requirement for clinical licensure is determined by job function, job description, and the population served. In some settings where social workers practice, the services provided would not meet the definition of clinical social work even though they are provided by professionally trained social workers. Although services such as needs assessment, supportive counseling, problem solving, services coordination, case management, discharge planning, placement services, etc., are extremely valuable, they may not fit the definition of clinical social work unless they are provided in addition to and in order to assess, diagnose and treat one or more of the following disorders or conditions: mental, emotional, addictive, behavioral, or developmental disorders and conditions.

- **NC law requires that an associate licensee practice under the supervision of a Licensed Clinical Social Worker:**

Statute [NCGS 90B-7(f)] also provides for the issuance of an "associate license" (LCSWA) in clinical social work to an eligible applicant who desires to become licensed as a clinical social worker but has not fully satisfied the supervised practice experience and examination requirements needed to be issued the Licensed Clinical Social Worker (LCSW) credential. **Statute** mandates that the person issued the associate license "must practice under the supervision of a licensed clinical social worker or Board-approved alternate. The relevant section of the NC Administrative Code, the **Rules,** provides additional stipulations on how, and by whom that supervision shall be provided.

Administrative Code or "Rules"

It is the Board's responsibility as a regulatory authority to enforce the provisions of the North Carolina Social Workers Certification and Licensure Act, and in so doing, the Board has adopted Rules [regulations promulgated under Title 21, Chapter 63 of the North Carolina Administrative Code (NCAC) to assist in carrying out the provisions of this Act.

Social Workers who wish to engage in clinical social work practice but have not satisfied all requirements for licensure as a LCSW must practice as an associate licensee (LCSWA) under the supervision of a LCSW, who has a MSW degree from an accredited social work program (accredited by the Council on Social Work Education), who has at least two year of clinical social work practice experience post LCSW licensure, and who is in good standing with the Board:

Rule [T21 NCAC 63.0210] requires that:

- "Prior to practicing clinical social work . . ." the associate licensee must submit to the Board "in writing, that in the event of a clinical emergency they have immediate access to a licensed mental health professional who has agreed to provide to them emergency clinical consultation . . . and each associate licensee must be supervised … and receive on-going appropriate supervision … until the associate licensee is licensed as a Licensed Clinical Social Worker."

  Several documents are included in the packet of materials sent to the LCSWA upon issuance of the LCSWA license. The Clinical Supervisor and LCSWA supervisee should review this packet together to ensure required documentation is submitted to the Board prior to beginning clinical social work practice:

  - The ***Position Statement on Clinical Supervision*** has a detachable signature page for the supervisor to acknowledge their commitment to provide supervision. It must be signed and submitted to the Board prior to beginning clinical practice, and with any subsequent change in supervision.

  - An ***Employment Verification for LCSWA*** form must be completed and signed by the employer and submitted to the Board along with the respective job description for each place of employment to ensure compliance with the mandate for paid employment and assurance that the position is intended to provide clinical services.

  - An ***Emergency Crisis Plan*** should be prepared on a separate sheet and co-signed by the associate licensee, the supervisor, and the emergency consultant. The emergency crisis plan should identify the practice setting, who has agreed to be available for immediate clinical consultation and backup contact(s) in the event the supervisee's clinical supervisor is not immediately available. When the clinical supervisor and/or emergency consultant are not located at the same site where the LCSWA is providing clinical services, contact numbers and an estimated response time should be included as part of the emergency crisis plan.

- All LCSWA licensees must also submit reports of their clinical social work experience and supervision to the Board every six months, on the appropriate form (LCSWA Six-Month Review form). If no clinical practice has been provided, then the LCSWA Six-Month Review form should still be submitted acknowledging *no clinical practice or supervision to be reported*. A case narrative describing at least one of the cases for which the LCSWA has provided clinical services shall be written and reviewed with the clinical supervisor during each six month reporting period. The case narrative shall be co-signed by both the LCSWA and the clinical supervisor, maintained on file with the clinical supervisor and available to the Board upon request. The evaluation section need not be completed and no case narrative is required if the LCSWA provided no clinical services during the review period.

Appropriate forms (along with four review report dates) are provided to the associate licensee with the issuance of the LCSWA license. Forms may also be obtained from the Board's website at http://www.ncswboard.gov.

Rule [T21 NCAC 63.0211] requires that:

- The 3000 hours of supervised clinical practice experience must be accumulated in a period of time not less than two years, or more than six years. The associate license is issued for two years and may be renewed to allow the LCSWA licensee additional time to meet the requirements of clinical practice experience and passing the Board approved qualifying examination. Developing a strategy for how to prepare for the clinical examination should be incorporated into the supervision process.

- Supervision shall be face-to-face and occur on a regular basis, at least once every two weeks unless otherwise approved by the Board, with at least one hour of supervision for every 30 hours of clinical practice experience. Failure to meet the 1:30 ratio is a non-compliance issue and is subject to Board action. A minimum of 100 hours of supervision is required to be eligible for LCSW licensure; however, LCSWA licensees and supervisors are reminded that supervision must continue beyond the minimum 100 hours, for as long as the LCSWA is providing clinical services.

- "Individual supervision shall mean one-on-one, face-to-face supervision by an MSW who is also an LCSW" with 2 years post LCSW clinical practice experience, "where the supervisor reviews and discusses clinical social work cases, reviews documentation and provides evaluative comments and direction to the LCSWA."

- "Group supervision shall mean face-to-face supervision provided by an MSW who is also an LCSW, in a group setting, during which the supervisor reviews and discusses clinical social work cases, reviews documentation, and provides feedback and direction to each LCSWA in the group."

- A maximum of 25 hours of group supervision is acceptable toward satisfying the minimum supervision requirement of 100 hours. Although regulation does not stipulate a limit to the number of individuals participating in a group supervision session, the Board recommends a maximum of 4 LCSWA licensees in a single group to ensure effective use of the supervision experience.

- Supervisors and supervisees should maintain a log of supervision identifying the supervision format and delivery method, and provide it to the Board upon request.

- Unless pre-approved in writing by the Board, no more than 50 hours of clinical supervision provided through the use of technology may be applied toward satisfying the supervision requirements for LCSW licensure. The supervisor may seek approval for additional supervision by electronic means by submitting the required form. If a LCSWA licensee has completed or is nearing completion of the 50 hours of supervision via technology allotted, the LCSW supervisor may complete and submit the Request for Supervision Via Technology form and email to the Executive Director, Elizabeth Pope (epope@ncswboard.gov). Approval of the request shall be determined on a case-by-case basis, based upon the circumstances provided in the request. In addition, supervision provided through the use of technology shall be synchronous, involve visual and audio interactions throughout the entire session, and shall take place in such a manner as to maintain the confidentiality of the communication [21 NCAC 63 .0211 (a) (4)].

Part II: Regulatory Board Guidelines for Supervision of Clinical Social Work Practice

Clinical supervision is a quantitative and qualitative evaluation of the supervisee's performance, intended to provide professional guidance and oversight to the supervisee in the areas of direct practice and professional development.

An associate licensee (LCSWA) engaged in clinical social work practice shall have clinical supervision as long as s/he is licensed at the associate level, and in accordance with the standards listed below. Clinical practice shall not begin until appropriate clinical supervision and immediate access to emergency consultation as prescribed in NCAC 63.0210 has been secured, the NC Social Work Certification and Licensure Board (the Board) has been informed by submission of the signed signature page of the Position Statement on Clinical Supervision, the signed Employment Verification form with attached job description, and the written Emergency Crisis Plan.

1) Clinical supervision shall consist of face-to-face contact between the associate licensee and the supervisor on a regular basis during which at least the following occurs:
    - The LCSWA licensee apprises the supervisor of the diagnosis and treatment of each client;
    - The associate licensee's clinical cases are discussed;
    - The supervisor provides the associate licensee with oversight and guidance in diagnosing and treating clients and accepts responsibility for the clinical practice with each client seen by the supervisee;
    - The supervisor regularly reviews and evaluates the professional work of the supervisee which shall include but not be limited to the content areas of clinical skills, practice management skills including review of case documentation, skills required for continuing competence, development of professional identity, and ethical practice;
    - The supervisor provides at least one hour of face-to-face individual or group clinical supervision for every thirty (30) hours of clinical practice, with supervision occurring at least once every two weeks;
    - A maximum of twenty-five (25) hours of group supervision may be applied toward meeting the total supervision requirements for LCSW licensure; and
    - Unless otherwise approved by the Board, no more than 50 hours of minimum 100 hours of applicable supervision may be provided through the use of technology. Supervision provided through the use of technology shall be synchronous, involve visual and audio interaction throughout the entire session, and shall take place in such a manner as to maintain the confidentiality of the communication.

2) Clinical supervision may be rendered by:
    - A clinical social worker licensed by the State of North Carolina who also holds a MSW from a Council on Social Work Education (CSWE) accredited social work program, who has at least two (2) additional years of clinical social work practice experience post LCSW licensure, and who is in good standing with the Board.
    - Supervisors shall engage in continuing professional education to maintain and enhance their competence in the area of supervision prior to providing clinical supervision.
    - The Board may deem acceptable an alternate supervisor whose credentials and experience are substantially equivalent to that of a North Carolina LCSW and who otherwise satisfies the requirement of two years clinical practice experience post clinical social work licensure.

3) Written approval from the Board is required for any person rendering supervision other than a person identified in the first bullet of Section 2 above.

4) Any prospective supervisor formally disciplined by any professional credentialing body or professional organization, or who has violated the provisions of this Board or any other occupational licensing Board may not provide supervision to a LCSWA licensee without the written permission of the Board.

5) The supervisor shall retain responsibility for the standards of clinical social work practice with respect to treatment being rendered to the LCSWA's client(s).
   - The associate licensee shall disclose that s/he is practicing under supervision, shall identify the supervisor to the client, and obtain written consent to disclose information to the supervisor;
   - Progress reports concerning the associate licensee's clinical practice and participation in supervision shall be shared with the LCSWA licensee and submitted to the Board through the LCSWA Six-Month Review document;
   - Supervision, and subsequent progress reports submitted to the Board shall contain an assessment of at least the following information concerning the associate licensee:
     1. Compliance with ethical standards of social work practice;
     2. Effective use of supervision;
     3. Competence in social work practice;
     4. Professional growth and development;
     5. Consistency of performance effort;
     6. Knowledge of social work principles and practices;
     7. Ability to formulate a treatment plan appropriate to clients' needs;
     8. Ability to implement and evaluate the efficacy of interventions consistent with the treatment plan;
     9. Ability to assess prudently the supervisee's own capacities and skills;
     10. Ability to correctly diagnose mental and emotional disorders;
     11. Ability to plan treatment and carry out clinical interventions related to the identified disorder;
     12. A detailed description of any areas of concern which the supervisor perceives in the associate licensee's performance.

6) Clinical case summaries shall be written and reviewed by the supervisee and supervisor, maintained on file at the supervisor's office, and readily available to the Board upon request. The clinical case narrative shall include:

   - Demonstration of the relationship among the presenting problem, background material, and formulation of case dynamics;
   - A diagnostic statement;
   - The treatment process; and
   - Treatment outcomes.

7) Best practice issues to consider include:

   - Development of a written contract for supervisory services which clearly outlines the supervisor's and supervisee's responsibilities, the frequency and cost (if any) for supervision, access to confidential information, and review of records;
   - Formulation and regular review of the written emergency crisis plan;
   - Verification of current licensure for both the supervisor and the supervisee;

SECTION TWO

Verification of Employment, Supervision, And Clinical Consultation

Practice Setting and the LCSWA Licensee

Neither Statute nor Rules specifically address practice setting for associate licensees; however, the North Carolina Social Work Certification and Licensure Board strongly discourages independent solo practice during the associate period of social work licensing as this is a period of continued growth and development. Pursuant to statute [NCGS 90B-7(f)] and regulation [21 NCAC 63 .0210(c) & (d)], clinical practice by an associate licensee requires oversight by an experienced licensed practitioner, and ready access to clinical consultation in the event of a clinical emergency. This is intended to protect the client and the LCSWA during this associate level licensure period.

The Board's responsibility is to protect the public by ensuring that those who represent themselves as social workers, certified social workers and licensed clinical social workers satisfy standards that provide for safe competent practice. As such, the Board is charged with ensuring that associate licensees practice in accordance with the statute and rules. Those mandates include but are not limited to the following:

- Clinical practice must be appropriately supervised.

  Associate licensees "must demonstrate in writing that, in the event of a clinical emergency, they have immediate access to a licensed mental health professional who has agreed to provide to them emergency clinical consultation to assure that standards of clinical social work practice are maintained."

- Work experience must be for a fee or salary (paid employment).

Prior to beginning clinical practice, and upon any change in employment and/or supervision, the associate licensee shall submit the following information to the Board office:

- ***Employment Verification for LCSWA***
- ***Position Statement on Clinical Supervision*** (signature page)
- ***Emergency Crisis Plan***

The ***Employment Verification for LCSWA*** form requires an attached job description and verifies to the Board that the LCSWA is authorized to provide clinical social work services and is providing that service for a fee or salary. A separate form and job description is required for each place of employment.

The signed ***Position Statement on Clinical Supervision*** document verifies to the Board that appropriate clinical supervision is in place and the clinical supervisor understands their unique role and responsibility.

The written ***Emergency Crisis Plan***, signed by all parties, outlines who the associate licensee will contact when in need of immediate clinical consultation. A comprehensive crisis plan must also include an identified licensed mental health professional who will act as a backup contact in the event the clinical supervisor or identified Emergency Consultant is not immediately available.

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EMPLOYMENT VERIFICATION

For LCSWA or new Applicant with supervised clinical practice out of state

INSTRUCTIONS TO COMPLETE THIS FORM

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

1. A ***separate form must be completed for each place of employment***. This form may be duplicated.
2. ***ATTACH a job description*** on company letterhead to this form, which corresponds to each position being documented.
3. Complete section I. Then submit the ***entire form*** to your employer for completion of Section II & signature.

SECTION I: LCSWA LICENSEE OR APPLICANT INFORMATION

(To be completed by the LCSWA or Applicant)

Pursuant to the Social Worker Certification and Licensure Act [NCGS § 90B-15] your license shall be conspicuously displayed at your primary place of practice. Please verify your issue date and expiration date below.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
LICENSE # AND STATE:	ISSUE DATE:	EXPIRATION DATE:
MAILING ADDRESS: (NEW ADDRESS ☐)	EMAIL ADDRESS	DAYTIME PHONE:
CITY	STATE	ZIP CODE

SECTION II: TO BE COMPLETED BY THE EMPLOYER

AGENCY NAME - FOR POSITION REPORTED ON THIS FORM:

AGENCY ADDRESS:

City: State: Zip Code:

LICENSEE/APPLICANT'S POSITION TITLE:
(**job description MUST be attached for this Position**)

IN THIS POSITION, IS THE LICENSEE AUTHORIZED TO PROVIDE CLINICAL SERVICES? (**CIRCLE ONE**) **YES** **NO**

NAME OF LICENSEE/APPLICANT'S ***LCSW*** **CLINICAL** SUPERVISOR: SUPERVISOR LOCATED: (circle one)

LCSW #: ON SITE OFF SITE

Is/Was the social worker being paid a fee or salary? □ YES □ NO Identify type & beginning date of position below:

FULL-TIME	FROM: (mm/dd/yyyy)	TO: (mm/dd/yyyy)
PART-TIME	FROM: (mm/dd/yyyy)	TO: (mm/dd/yyyy)

PRINT NAME & TITLE OF PERSON COMPLETING EMPLOYER SECTION: _____

SIGNATURE: DATE:

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POSITION STATEMENT ON CLINICAL SUPERVISION

Purpose:

The purpose of this position statement is to clearly define the standards of expectation the Board has for supervision of associate licensees in order to protect the public and promote high standards of supervision of professional social work practice.

Definition:

Supervision is that which is provided on a regular basis, conducted no less than once every two weeks **at a rate of no less than (1) hour of supervision for every 30 hours of clinical practice.** It is an ongoing relationship designed to promote the development of responsibility, knowledge, skill, and ethical standards in the provision of clinical social work services through the exploration of client-centered material. The major focus in the supervisory process is accountability for client care within the parameters and ethical standards of the social work profession; including oversight and guidance in diagnosis and treatment of each client, review of documentation, and the provision of feedback and direction to the supervisee. Supervision is a learning process with the goal of professional growth and competent self-directed professional practice.

Qualifications of the Supervisor:

The supervisor must possess a Master of Social Work degree from an educational institution with a graduate social work program accredited by the Council on Social Work Education. **The supervisor must be a North Carolina Licensed Clinical Social Worker, in good standing, with two (2) years of full-time clinical social work experience beyond the issuance of the LCSW credential.** (Please refer to NCGS 90B and Title 21, Chapter 63 of the NC Administrative Code .0211 regularly for any changes to this requirement).

The supervisor should be an active participant in ongoing professional development related to the field of social work practice and supervision. This involves staying current with professional literature, attending workshops on clinical practice and supervision, participating in advanced training seminars and peer consultation groups, and/or giving clinical social work presentations.

The clinical supervisor should:

- Model the highest ethical standards and seek to enhance the supervisee's sensitivity to and knowledge of legal and ethical standards and issues.
- Develop a supervisory contract with the supervisee that addresses frequency and cost (if applicable) of supervision, as well as access to records and confidential information.
- Insure that supervisees' clients are informed that the LCSWA is required to practice under supervision and that written consent to disclose information to the Supervisor is obtained.
- Have a clear understanding of social work practice and theory in general.
- Develop a supportive rapport with the supervisee while also maintaining an objective posture in order to effectively assess and address areas of strength as well as those needing improvement.
- Be skilled in helping the supervisee develop clinical assessment and treatment skills through review of the treatment process, therapeutic techniques, exploration of treatment options and client resources.

- Have expertise with the supervisee's client population and with the methods of practice the supervisee is employing. This requires an understanding of issues of diversity such as race, ethnicity, culture, language, age, gender, sexual orientation and physically or mentally challenged concerns.
- Demonstrate the ability to listen with sensitivity and empathy to the supervisee's feedback regarding the supervisory process and to provide appropriate support for this.
- Demonstrate effective oral and written communication with the supervisee.
- Demonstrate the ability and willingness to deal with difficult issues and provide constructive feedback to the supervisee.
- Demonstrate an ability to recognize a supervisee's possible impairment and address this in a timely and appropriate manner with him/her, including referral when indicated.
- Recognize when it is necessary to secure consultation regarding his/her work with the supervisee.
- Assist the supervisee in developing a comprehensive emergency crisis plan that clearly outlines "immediate access" to a licensed mental health professional for emergency consultation, the hierarchy of initial contact person(s) and emergency backup contact(s).
- Model for the supervisee a commitment to the social work profession and to one's own continuing professional growth through participation in professional social work organizations and continuing education.

Conflict of Interest:

Supervision provided by the associate licensee's therapist, parents, spouse, former spouses, siblings, children, employees, or anyone sharing the same household or any romantic, domestic or familial relationship shall not be acceptable toward fulfillment of licensure requirements due to conflict of interest.

For the purpose of this section, a supervisor shall not be considered an employee of the associate licensee if the only compensation received by the supervisor consists of payment for actual supervisory hours.

A supervisor currently under sanction by this Board due to a disciplinary proceeding is not eligible to supervise an associate licensee. A supervisor formerly disciplined by any professional credentialing body, including this Board, or professional organization may not provide supervision without the explicit written permission of the Board [Reference 21 NCAC 63 .0211(a)(2)].

POSITION STATEMENT ON INDEPENDENT/PRIVATE PRACTICE FOR THE LCSWA

The NCSWCLB strongly discourages independent private practice by associate licensees (LCSWA) and will closely examine practice outside the structure of a public agency. NC General Statute 90B-7 (f) and Section .0210 (d) & (e) of the North Carolina Administrative Code both mandate that a Licensed Clinical Social Worker Associate (LCSWA) must practice with appropriate clinical supervision and immediate access to emergency clinical backup during this associate licensure period. This statute is intended to protect the client and the LCSWA during the supervised practice period.

The Board will not approve practice arrangements for a LCSWA unless it is fully satisfied that clients and the public will be protected through close supervision of each clinical case by a Licensed Clinical Social Worker who holds an MSW from a CSWE accredited school of social work. The clinical supervisor assumes responsibility along with the LCSWA for the assessment for treatment, diagnosis, treatment planning, clinical interventions, appropriate use of the treatment relationship, referrals, case documentation, reports, collateral contacts, termination of treatment, and all other such activity for each client case under the care of the LCSWA.

In addition to supervision the Board must be satisfied that there is a plan for 24 hour emergency consultation and backup for the LCSWA with a NC licensed mental health professional. The Board expects the mental health practitioner (which may be the clinical supervisor), with the associate licensee to develop a crisis management plan that would provide the LCSWA licensee with immediate access to emergency backup and consultation.

All LCSWA licensees need to describe and submit to the Board your emergency crises plan on a separate piece of paper or on the attachment provided.

TO BE COMPLETED BY THE LCSW CLINICAL SUPERVISOR ONLY AFTER READING THE POSITION STATEMENT ATTACHED TO THIS DOCUMENT- PLEASE DETACH AND RETURN THIS PORTION

I, _____, License # _____ agree to provide
Print supervisor's name

clinical supervision to _____, LCSWA # _____.
Print supervisee's name

I have read and agree to comply with the NCSWCLB Position Statement on Clinical Supervision and the NCSWCLB Private Practice Approval Request. In so doing, I acknowledge that I am responsible for understanding the LCSW Associate licensure process and may be contacted by the Board regarding matters of supervision of the above-named licensee.

Supervisor's Contact Information:

_____
Mailing Address **City** **State** **Zip code**

_____
Place of Employment

_____ _____
Daytime telephone number **Evening telephone number**

_____ _____
Supervisor's signature **Date**

In accordance with T21: Chapter 63.0210(c) & (d) of the NC Administrative Code, this form must be completed and received in the Board office along with the Emergency Crisis plan, prior to the associate licensee engaging in clinical practice, and to avoid delay in processing LCSWA Six-Month Review documentation.

YOU MAY ATTACH A WRITTEN EMERGENCY CRISIS PLAN OR USE THE DOCUMENT PROVIDED HEREIN.

The Board requires that supervisor(s) be familiar with the associate licensure process and the Board's expectations regarding the supervision of associate licensees. For your convenience and reference information is provided on the Board's website [www.ncswboard.gov]. Please initial below that you have reviewed the following:

_____All LCSW Associate licensees shall submit reports of their clinical social work experience and supervision on the appropriate Board form(s) every six months for review. A case narrative shall be maintained on file with the LCSW Supervisor and available to the Board upon request. LCSWA licensees who have not been providing clinical services must still report to the Board on schedule advising the Board of no clinical practice during the six-month period.

_____I am aware that the Statute and Rules governing social work practice in North Carolina are posted on the Board's website for my reference.

_____I am aware that supervision via technology is limited to 50 hours without Board approval and, if needed, a written request shall be submitted to the Board to seek approval for more than 50 hours of supervision provided through the use of technology.

_____I am aware that the Supervision Manual is posted on the Board's website as a guide and reference for supervising LCSW Associate licensees.

Emergency Crisis Plan

[Required of **ALL** LCSWA licensees **PRIOR** to beginning clinical practice.]

Prior to engaging in clinical practice, all LCSWA licensees must submit to the Board, a written description of their Emergency Crisis Plan regardless of practice setting, outlining who the LCSWA will contact in the event they need clinical consultation. This plan should be comprehensive and include a clearly outlined hierarchy of initial contact person(s), where they are located (onsite, offsite, etc.); and emergency backup contact(s) and where they are located, as well as estimated response time for clarification of "immediate access" as required under Title 21, Chapter 63 of the N.C. Administrative Code, Section .0210 (c) & (d).

[If the Associate Licensee is practicing in more than one setting, a crisis plan must be submitted for each practice setting, along with the Employment Verification form including job description. Any changes to the crisis plan require resubmission of a revised plan.]

Location of LCSWA Practice:

- Agency/Business Name: _____
  Check applicable block: □ Public/Govt. Agency □ Private-Non-profit □ Private-For profit
  □ Other (Explain) _____
- Agency/Business Address: _____
- Agency/Business Phone: _____

Please describe Emergency Crisis Plan below or attach separate piece of paper:

_____

_____

_____

_____

_____

_____

_____

_____

LCSWA (Associate) Signature	LCSWA license number	Date
LCSW Supervisor Signature	License number	Date
Emergency Consultant (backup) signature	License type & number	Date

Emergency Crisis Plan Outline

[Required of **all** LCSWA licensees **PRIOR** to beginning clinical practice.]

Prior to engaging in clinical practice, all LCSWA licensees must submit to the Board, a written description of their Emergency Crisis Plan regardless of practice setting, outlining who the LCSWA will contact in the event they need clinical consultation. This plan should be comprehensive and include a clearly outlined hierarchy of initial contact person(s), where they are located (onsite, offsite, etc.); and emergency backup contact(s) and where they are located, as well as estimated response time for clarification of "immediate access" as required under Title 21, Chapter 63 of the N.C. Administrative Code, Section .0210 (c) & (d).

[If the Associate Licensee is practicing in more than one setting, a crisis plan must be submitted for each practice setting, along with the Employment Verification form including job description. Any changes to the crisis plan require resubmission of a revised plan.]

Location of LCSWA Practice:

- Agency/Business Name: ___COMPANY NAME_____
  Check applicable block: □ Public/Govt. Agency X Private-Non-profit □ Private-For profit
  □ Other (Explain) _____
- Agency/Business Address: ___COMPANY'S PHYSICAL ADDRESS_____
- Agency/Business Phone: _____COMPANY'S PHONE NUMBER_____

Please describe Emergency Crisis Plan below or attach separate piece of paper:

This plan should be comprehensive and INCLUDE the following:

- **A description of the practice setting (in home, office setting, solo, with other practitioners, etc.);**
- **Clearly outlined hierarchy of initial contact person(s), where they are located (onsite, offsite, etc) and estimated response time;**
- **Emergency backup contact(s) and where they are located, as well as estimated response time (who you will contact if your clinical supervisor is not immediately available); and**
- **Plan for follow up consultation with your clinical supervisor if an alternate emergency contact was consulted at the time of need.**

_____	_____	_____
LCSWA (Associate) Signature	LCSWA license number	Date
_____	_____	_____
LCSW Supervisor Signature	License number	Date
_____	_____	_____
Emergency Consultant (backup) signature	License type & number	Date

SECTION THREE

Reporting Requirements

NORTH CAROLINA SOCIAL WORK
CERTIFICATION AND LICENSURE BOARD

P.O. Box 1043
Asheboro, NC 27204
Ph: 336-625-1679

Website: http://www.ncswboard.gov

Review Period: __/__/____ to: __/__/___
mm/dd/yyyy mm/dd/yyyy

LCSWA SIX-MONTH REVIEW

All LCSWA licensees are required to receive supervision of their clinical social work practice during their associate status. Appropriate supervision, unless otherwise pre-approved by the Board (in writing), ***shall*** be provided by a North Carolina licensed LCSW in good standing with the Board, who has a MSW degree, and at least two years of post LCSW clinical practice experience. Supervision and practice shall be reported to the Board every six months pursuant to NC Administrative Code [21 NCAC 63 .0210].

SECTION I: To be completed by the LCSWA licensee

Name (Print): _____LCSWA # _____

Address: _____City, State, Zip _____

Place of Employment (for this review period): _____

Employment Verification with job description (check one): Is attached □ ***OR*** has already been submitted □

LCSWA Daytime Phone: _____

LCSWA Signature: _____ Date: _____
mm/dd/yyyy

SECTION II: LCSW clinical supervisor shall acknowledge by checkmark (√) or initials that each bulleted item has been completed.

- _____ Position Statement has been signed and submitted to the Board.
- _____ Emergency Crisis Plan has been submitted to the Board insuring immediate access to emergency consultation.
- _____ A supervisory log has been maintained and is available upon request to verify documented supervision.
- _____ Case narrative summarizing one case treated during this review period has been prepared, reviewed, and is on file and available for Board review if needed.

SECTION III: (Required) This section to be completed ONLY BY LCSW CLINICAL SUPERVISOR. You are encouraged to share your assessment with your supervisee as part of the supervision process.

Rate the LCSWA supervisee in all areas using the following key: *(Reference the Supervisor Manual for an explanation of key terms).*
Excellent (E) Very Good (VG) Good (G) Fair (F) Poor (P)

1._____Ethical standards of social work practice
2._____Effective use of supervision
3._____Competence in social work practice
4._____Professional growth and development
5._____Consistency of performance effort
6._____Knowledge of social work principles and practices
7._____Ability to formulate a treatment plan appropriate to the clients' needs
8. _____Ability to implement interventions consistent with the treatment plan
9. _____Supervisee's ability to assess his/her own capacities and skills
10. _____Ability to correctly diagnose mental and emotional disorders
11. _____Ability to plan treatment & carry out clinical interventions related to mental & emotional disorders

SECTION IV: (Required) All portions of this section are to be completed ONLY BY LCSW CLINICAL SUPERVISOR. LCSWA licensees may NOT complete this section of the form. Provide a narrative summary regarding the LCSWA licensee's growth as a clinical practitioner and participation in clinical supervision.

_____

_____

_____

_____

_____

Supervision period (mm/dd/yyyy): _____ to _____

Face to Face (In-person) Hours of Supervision provided (*this review period only*): GROUP_____INDIVIDUAL _____

Hours of Supervision provided through technology (*this review period only):* GROUP_____INDIVIDUAL_____

Clinical Practice Hours (*this review period only*): _____

I affirm that the supervisee has practiced clinical social work and has demonstrated skill through practice experience as defined by statute [NCGS 90B-3] and Code [21 NCAC 63 .0102]; and that the above hours of supervision have occurred with the LCSWA as indicated. I certify that I am a current LCSW with a graduate degree in social work from a CSWE accredited program and that I am in good standing with the Board.

LCSW Supervisor Signature_____ **Date signed** _____/_____/_____
MM DD YYYY

Print name_____ **LCSW #:** _____ **Expires**: ____/____/_____
MM DD YYYY

Daytime phone # _____

Please retain a copy of this document for your files. [In accordance with NCGS 90B-6(i), you are required to maintain records for a minimum of 3 years from the date services are terminated.] You will not receive a response from the Board unless there is a concern or additional action is needed. If you wish to confirm receipt, please mail to the Board by traceable service.

BELOW SPACE FOR BOARD USE ONLY

Approval is granted for appropriately supervised clinical practice pursuant to NCGS 90B, the Social Worker Certification and Licensure Act, and Title 21, Chapter 63 of the N.C. Administrative Code, defining clinical social work practice, ***and*** at the required 1:30 supervision ratio.

Reviewer's Initials: _____ Date of Review: _____/_____/_____ Follow up needed: _____
MM DD YYYY Yes / No

LCSWA SIX-MONTH REVIEW
Information & Instructions

The LCSWA Six-Month Review documents are provided to the associate licensee at the time the LCSWA licensee's certificate is issued, identifying four (4) review dates signifying the ending date for each review period. All clinical social work practice and supervision is documented to the Board in compliance with NCGS § 90B-7(f) and Title 21, Chapter 63, Section .0211 of the N.C. Administrative Code.

The six-month review document is divided into four sections – Section I to be completed by the LCSWA licensee, Sections II, III and IV to be completed by the clinical supervisor, and a "For Board Use Only" box to be completed at the time of review by the Board office.

SECTION I: To be completed by the LCSWA licensee

- In the upper right hand corner, provide the beginning and ending date for the current review period only. The first review begins with the date the LCSWA license was issued and ends with the first review date provided by the Board at the time the LCSWA license was issued. The second review date begins with the next day following the ending date of the first review, and so on, and so on.
- Type or print clearly, your name, your license number, and the place of employment (agency where you worked during the review period being reported). A separate review form will need to be completed for each agency if the LCSWA has more than one practice location.
- Check the appropriate box addressing Employment Verification. This form (completed and signed by your employer) must be on file with the Board office. If you have not already submitted that form to the Board, please enclose it with your Six-Month Review. Remember, an official job description must be included with the Employment Verification form.
- Provide a day time phone number where you can be reached, then sign and date the document.
- Prepare a 1-3 page case narrative (deleting client names) and review this summary with your supervisor (supervisor and supervisee dated signatures required). The case narrative should summarize a case for which you provided direct care during the six-month review period (this may be an ongoing case or one that has been terminated). ***REFER TO THE LCSWA CLINICAL CASE SUMMARY OUTLINE PROVIDED IN THIS MANUAL FOR DEVELOPING THE REQUIRED CASE NARRATIVE.*** The case narrative should be maintained on file with your clinical supervisor and available to the Board upon request.

SECTION II: To be completed by the LCSW clinical supervisor.

- By checkmark (√) or initial, the clinical supervisor is acknowledging awareness of information provided by the Board relevant to supervising the LCSWA and his/her practice.
- By checkmark (√) or initial, the clinical supervisor is acknowledging that required documentation has been signed and submitted to the Board.
- By checkmark (√) or initial, the clinical supervisor is also affirming understanding and compliance with the mandates related to supervising the LCSWA and his/her practice.

SECTION III: To be completed by the LCSW clinical supervisor.

It is recommended that this form be utilized in supervision with the supervisee as a means of identifying strengths as well as areas that need to be addressed.

Appropriate supervision for LCSWA licensees is that provided on a regular basis (at least once every two weeks) by a MSW who is also a Licensed Clinical Social Worker with at least two years of clinical social work experience post LCSW licensure, and is in good standing with the board (no disciplinary history).

Supervision must be provided on a regular basis at a rate no less than one hour of supervision for every thirty hours of clinical practice (1:30 supervision ratio) AND must be provided face-to-face.

Unless otherwise preapproved by the Board, no more than 50 of the required 100 hours of supervision may be provided through the use of technology. All supervision provided through the use of technology shall be synchronous, involving visual and audio interactions throughout the entire session, and conducted in such a manner as to maintain the confidentiality of the communication.

- The definitions for the key terms utilized by the Board are as follows:

  Excellent (E) - Practice skills and knowledge equal to top 10% of professionals currently practicing in the field.
  Very Good (VG) - Demonstrates above average skills and knowledge with performance level above 80% of professionals currently practicing in the field.
  Good (G) - Demonstrates average skills and knowledge consistent with a performance level of beginning clinician in the field.
  Fair (F) - Demonstrates or a need for improvement in knowledge and skill level.
  Poor (P) - Severe gaps in skills and knowledge and lack of effort to improve in the area. Inability to function at a level consistent with minimum professional standards.

SECTION IV: To be completed by your LCSW clinical supervisor. **REQUIRED!**

- Provide a narrative summary about the LCSWA licensee's growth as a clinician and their participation in the supervision process during this review period. This information provided over the course of the two years of practice is useful in assessing the LCSWA licensee's progress and readiness for independent licensure.

Before the LCSW clinical supervisor signs this document, he/she should provide:

- The beginning and ending dates for the review period being reported. If the supervisor provided supervision of practice for only a portion of the review period, please provide the beginning and ending dates of the period supervised.
- The number of hours of supervision provided to the LCSWA licensee during the review period which should be consistent with the review period reported on the front page of this document). Please distinguish between in person and technology facilitated group supervision; and in person and technology facilitated individual supervision as defined in Section .0211 of Title 21, Chapter 63 of the N.C. Administrative Code.
- Provide the total number of clinical social work practice hours in which the LCSWA supervisee was engaged during this particular review period. (The Board recognizes that this may be an approximate figure as it should reflect face-to-face client contact as well as follow up clinical case management activity, case consultation, team meetings, clinical notes, etc. that are a part of the clinical management of clinical cases.) ***For individuals whose job description involves both clinical and non-clinical duties*** (i.e. supervisory or administrative duties, non-clinical case-management clients, training and educational responsibilities, etc.) ***please approximate only the time engaged in clinical social work practice***.
- The LCSW clinical supervisor's signature affirms that he/she assumes supervisory responsibility for this LCSWA licensee's practice and that s/he is in compliance with the requirements set forth in the Board's Administrative Code as an appropriate supervisor.

LCSWA Name and License Number:

Place of Employment:
Supervisor's Name and License Number:
Case Narrative applies to Review period: mm/dd/yyyy to mm/dd/yyyy

LCSWA Clinical Case Summary OUTLINE

[The case narrative is required during each six-month reporting period, and shall be submitted to the Board, upon request. ***The case narrative is a supervisory tool and should be reviewed in supervision, signed, and maintained by the clinical supervisor and LCSWA.***]

Case Narrative: When preparing your case narrative, consider the bulleted information under each heading and document when relevant in narrative form, using complete sentences. [Your narrative will replace the bulleted items.] Use pseudo name or initials for client name and location (i.e. JT or Client A, resides in a small community in rural North Carolina). Do ***NOT*** present in abbreviated or outline format.

- **HISTORY:**
  - Identifying and Demographic Information for client (Use initials - ***NO*** real names)
  - Social/family history
  - General health and behavioral health history (including both mental health and substance use)
  - Prior Criminal/Legal History
  - Prior/Current Military Experience
- **CLINICAL ASSESSMENT AND DIAGNOSIS:**
  - Presenting Problems/Symptoms and Referral Source
  - Summary of Prior Counseling/Treatment History
  - Mental Status Exam
  - Clinical Impressions and Diagnostic Summary
  - Diagnosis as defined in 21 NCAC 63 .0102(12)
- **TREATMENT:**
  - Treatment Plan/Goals
  - Identify treatment strategies/modalities/interventions/evidenced based practices used by you, including rationale for use
  - Describe ***HOW*** you carried out treatment strategies, including how you used the therapeutic relationship to implement intervention strategies
  - Client's response to treatment
  - Termination/transfer assessment, discharge plan, and process
  - Recommendations for additional assessments, services, support or treatment

NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD
Post Office Box 1043
Asheboro, North Carolina 27204
Phone (336) 625-1679
Fax (336) 625-4246
www.ncswboard.gov

NAME
ADDRESS

This document is sent to the LCSWA and copied to the supervisor of record only when additional information is needed or there are compliance concerns. Please address any checked areas in supervision.

DATE

Dear:

SAMPLE

Reviewed by: _____ **FOLLOWUP FOR LCSWA REVIEWS**

Upon reviewing your LCSWA Six-Month Review Form, the following items were noted, which require your attention. **Please address these along with your supervisor as soon as possible for proper credit of the hours submitted.**

1. _____ The LCSWA Six-Month Review form is incomplete. Refer to **Item # 7 Additional Comments** for what is needed.
2. _____ Please submit the LCSWA Employment Verification form and required job description for the place of employment reported for this review period.
3. _____ Please submit the Emergency Crisis Plan for clinical consultation for the place of employment reported for this review period.
4. _____ Please submit the signed Position Statement on Clinical Supervision signed by the clinical supervisor supervising the practice submitted for this review period.
5. _____ Your hours of supervision are not in proportion with the clinical practice hours, please remember you cannot obtain your LCSW before **two years** of post-masters clinical employment. Please remember that supervision may not stop upon completion of the required 100 minimum hours. LCSWA licensees are required by law to practice clinical social work under appropriate supervision.
6. _____ Your supervision hours are insufficient for the clinical practice hours, please be reminded that the NC Administrative Code requires **1 hour of supervision for every 30 hours of clinical practice. You will not receive approval or credit toward satisfying the 3000 hours of supervised clinical practice for hours that exceed the 1:30 ratio of supervision to clinical practice.**
7. _____ Additional comments:

[Any special requirements in addition to other checked deficiencies will be noted in this section.]

8. _____ **PLEASE SHARE A COPY OF THIS FOLLOW UP WITH YOUR LCSW SUPERVISOR**.

NOTE: ORIGINAL DOCUMENTS ARE RETURNED WITH THIS FOLLOW UP NOTICE WHEN A RESPONSE IS REQUIRED – PLEASE RETURN THEM WITH YOUR RESPONSE. COPIES ARE NOT MAINTAINED IN THIS OFFICE.

SECTION FOUR

Additional Information Related to the Associate License (LCSWA) and Practice Requirements

NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD
Post Office Box 1043
Asheboro, North Carolina 27204
Phone (336) 625-1679
Fax (336) 625-4246
www.ncswboard.gov

NAME
ADDRESS

DATE

The Board has completed a final review of your application for licensure. Based on the materials submitted, you have met the requirements for clinical licensure at the associate level and your application has been approved. You may begin using your license number immediately. *[REMINDER: The LCSWA Checklist is a resource to help ensure you remain compliant with the Statutes and Rules governing practice by Associate licensees.]*

SAMPLE

ASSOCIATE LICENSE # P######

Your Associate License is issued for two years during which time you must be supervised as set forth in G.S. 90B-7 (f), and receive on-going appropriate supervision as defined in Rule .0211(a)(2) of this Chapter until the associate licensee is licensed as a Licensed Clinical Social Worker. Pursuant to NC Administrative Code [21 NCAC 63 .0210], you are required to demonstrate in writing that you have appropriate clinical supervision in place and immediate access to emergency clinical consultation. In addition, you must report your practice to the Board every six months, by the dates below:

mm/dd/yyyy	**mm/dd/yyyy**	**mm/dd/yyyy**	**mm/dd/yyyy**
1st review date	2nd review date	3rd review date	4th review date

It is your responsibility to maintain accurate records and submit the LCSWA Six-Month Review Forms when they are due. You will not receive prior notice of each review date, nor will you receive acknowledged receipt of this information unless there is concern or additional information needed. ***If you have not been employed or have not provided clinical services, you must still submit a report indicating such. No supervision or case narrative is required for no employment or non-clinical practice.***

Master copies of the required forms are enclosed to duplicate as needed. The Employment Verification, Position Statement on Clinical Supervision, and Emergency Crisis Plan shall be submitted immediately upon securing employment. A separate form is required for each place of employment and each clinical supervisor. The review forms must be filled out completely and submitted in accordance with each review date listed above. If you have more than one supervisor, please duplicate this form for each to complete. After you have obtained a minimum of 3,000 hours of paid, supervised clinical experience in a period **no less than two years** NOR MORE THAN SIX YEARS, 100 hours of clinical supervision, have passed the ASWB Clinical level exam, **and** satisfied the required amount of continuing education, you will need to submit the LCSW Short Form application to the Board office with a final LCSWA Six-Month Review form. **SUPERVISION MUST CONTINUE UNTIL YOU ARE ISSUED THE LCSW LICENSE. [**Use of the credential LCSW, Licensed Clinical Social Worker, prior to your approval for this independent level of licensure by the NCSWCLB, is prohibited, and represents a violation of the NC General Statutes, the NC Administrative Code, and the NCSWCLB Ethical Guidelines. Do not jeopardize your professional future by inadvertent misrepresentation of your credentials.]

You must obtain 40 hours of continuing education in order to renew your LCSWA or upon submission of LCSW Short Form application; please refer to renewal information included in this package.

SUPERVISION REQUIREMENTS: Supervision must be provided by a LCSW with a Master of Social Work degree from a CSWE accredited school and two years of post-LCSW clinical experience, and who is in good standing with this Board. Supervision must be provided at a ratio of 1 hour for every 30 hours of clinical work. A maximum of 25 hours of group supervision may be applied toward satisfying the supervision requirement; the remainder must be individual supervision. A case narrative reviewed and signed by you and your supervisor shall be prepared for each review period and maintained on file with your clinical supervisor. Licensees are encouraged to MAINTAIN A COPY of all materials submitted to the Board. For more information regarding supervision, please refer to the Supervision Manual on the Board's website at http://www.ncswboard.gov.

LCSWA Checklist

Upon Receiving the LCSWA License:

_____ Display your LCSWA license conspicuously at your primary place of practice (required by law).

_____ Review all packet contents with your clinical supervisor to ensure mutual understanding of reporting expectations.

_____ ***Position Statement on Clinical Supervision***: Have clinical supervisor review, initial and sign the Position Statement on Clinical Supervision and submit completed signature page to the Board. *[Appropriate clinical supervision must be in place **before** beginning clinical practice.]* If you have more than one supervisor or change supervisors, a separate Position Statement on Clinical Supervision must be completed by ***each*** supervisor providing clinical supervision (group and/or individual supervision).

_____ ***Employment Verification***: Have Employer complete Employment Verification form and attach official job description on agency letterhead, then submit completed form to the Board. A separate Employment Verification form and job description is required for ***EACH*** place of employment.

_____ ***Emergency Crisis Plan:*** With your clinical supervisor, develop a written emergency crisis plan for ***each*** place of employment that outlines who you will contact in the event you need immediate clinical consultation (required by law). Submit the written plan to the Board. The emergency contact person must be a fully and independently licensed mental health professional and must cosign the Emergency Crisis Plan along with you and your clinical supervisor. If your clinical supervisor is your emergency consultant, please include within your plan, who will act as a backup contact in the event you are unable to access your clinical supervisor immediately. If there are any changes in clinical supervision or employment, you must update the Emergency Crisis Plan.

_____ ***Six-Month Review:*** Report supervision and clinical practice to the Board every six months using the LCSWA Six-Month Review document and **in accordance with the date schedule provided by the Board at the time the license was issued.** A separate Six-Month Review must be completed for ***each*** place of employment. In addition, if you have more than one clinical supervisor, each supervisor will need to document the hours provided during the six-month time frame. Please be reminded you **MUST** maintain appropriate clinical supervision until you have been issued the LCSW license.

_____ ***Case Narrative:*** Prepare and review a ***case narrative*** for each six-month review reporting period and for each place of employment (if more than one employer), summarizing one of the clients for which you provided clinical services. Both supervisor and supervisee shall sign the case narrative and it should be ***maintained on file with the clinical supervisor***, available to the Board upon request.

_____ ***Renewal Affidavit:*** Renew your LCSWA license at the end of the two year licensure period. Prior to your two year ending date, you will need to submit the Renewal Affidavit with continuing education and fee. This must be submitted prior to your expiration date to avoid a lapse in licensure.

_____ ***Examination:*** All LCSW Associate licensees must document two years of clinical practice to the Board prior to being granted examination eligibility. Once you have completed two years of clinical practice, you may submit the Clinical Exam Request form available on the Board's website with the $40.00 processing fee (money order or certified check) and a six-month review form (you may submit this with your renewal if you have completed two years of clinical practice at that time). Upon receipt, the Board will review the documentation submitted to ensure two years of clinical practice has been completed and will then provide further information regarding registration with ASWB and paying for the examination ($260.00 due to ASWB upon registering). In the event of an unsuccessful examination, the processing fee and exam fee must be paid for each subsequent examination.

_____ ***Report any changes:*** Report changes to the Board within 30 days of the effective date (required by law), including changes to contact information (name, address, phone), clinical supervisor (requires updated signed Position Statement on Clinical Supervision and updated Emergency Crisis Plan), employment (requires updated Employment Verification form and Emergency Crisis Plan), or any criminal charges and/or convictions (including DWI/DUI).

[The Board will not acknowledge receipt of your reported information so please submit via traceable mail and maintain a copy for your records. The Board will not respond or acknowledge approval of submitted information unless there is a concern or follow up action is required.]

IMPORTANT INFORMATION FOR ALL LCSWA's

PLEASE READ THIS INFORMATION CAREFULLY TO ENSURE COMPLIANCE WITH YOUR LCSWA LICENSE

1. **License and information packet:** Upon issuance of your LCSWA license, you will receive a packet of information (license packet) along with your license. Please read all information thoroughly to have a clear understanding of the responsibilities and expectations associated with your license.

2. **Supervision:** Supervision must be in place ***before*** you begin clinical practice. Without specific written approval from the Board, supervision must be provided by an LCSW with a MSW degree and two years of post LCSW clinical practice experience, AND who is in good standing with this Board. Supervision must meet the requirements established in the NC Statutes and Rules. With your LCSW Supervisor, review ***all*** materials; complete the Position Statement on Clinical Supervision, and submit the signature page along with your signed Emergency Crisis Plan as outlined in the Supervision Manual [available on the website at www.ncswboard.gov]. You will not receive an acknowledgement or reply from the Board office. Please maintain copies for your records.

3. **Employment & Private Practice:** An *Employment Verification* form must be submitted for ***each*** place of employment **and must include an attached job description**. Please be advised that the Board strongly discourages independent private practice during the associate licensure period, and will closely examine any request for permission to practice outside the structure of a public agency. If you are in a private practice setting, you must submit the Private Practice Approval documents on the Board's website to demonstrate compliance with the NC General Statutes and Rules.

4. **Continuing Education:** Upon receipt of your license, you should begin exploring and participating in continuing education activities that are designed to enhance your professional skills. The Board allows discretion in selecting attended training events, provided they satisfy the guidelines set forth in the Administrative Code [21 NCAC 63.0401], but mandates that distance education courses must be offered by pre-approved providers [ASWB-ACE or NCSWNC are the only Board approved providers for distance education.]

5. **Report to the Board every Six Months:** Review the dates assigned to you for reporting your practice to the Board. Note them on your calendar to remind you of when to submit your LCSWA Six-Month Review form to the Board. Each should be submitted in a timely manner on or within two weeks of the assigned date. **[Reporting to the Board every 6 months is required by law and failure to do so may result in action being taken against your license.]**

    - If you have more than one employer, an *Employment Verification* form must be on file with the Board office for each place of employment, **including an attached job description.**
    - If you have more than one employer you must submit a Six-Month Review form for each place of employment.
    - If you have not engaged in clinical practice during the review period, you are still required to report to the Board by submitting the LCSWA Six-Month Review form indicating that you were not engaged in clinical practice during the review period. No supervisor evaluation is required if you have not engaged in clinical practice.
    - **You MUST maintain appropriate clinical supervision until you have been issued the LCSW license.**

The original signature LCSWA Six-Month Review must be received into the Board office. ***DO NOT FAX or send electronic copies. They will not be processed and are an added expense to the Board.***

You will not be notified in writing upon completion of the Board's review; ***unless*** additional information is required or compliance concerns are noted. You and your supervisor should retain copies of your review forms submitted for **accrual of your supervision hours and clinical practice hours**. While you are not required to submit a case narrative to the Board with the Six-Month Review document, you are required to prepare a narrative for review with your supervisor. This narrative shall be retained by the supervisor and available to the Board upon request.

Please ***do not*** contact the Board office to check on receipt of your information. If you wish to know whether or not materials were received in the office, please send them with tracking (e.g. FedEx, certified mail, delivery confirmation, etc.). The Board receives hundreds of calls/emails every day and we are happy to answer questions and field queries; however, requests to check on receipt of information delays all other processing.

6. **Change of Supervisor/Employment:** If you change employment, please submit an updated *Employment Verification* form and job description. If you change supervisors at any time during your Associate licensure period, you are required to submit a newly signed position statement providing the supervisor's information. An updated Emergency crisis plan should be submitted for any change in employment and/or supervision.

7. **Renewal of the LCSW Associate license:** LCSW Associate licensees will need to renew their LCSWA license prior to their two year ending date to avoid any lapse in licensure. Prior to the two year ending date, you will need to obtain the LCSWA Renewal Affidavit from the Board's website to list the required continuing education and submit to the Board with the renewal fee.

8. **Clinical Exam required:** All LCSW Associate licensees must document two years of clinical practice to the Board prior to being granted examination eligibility. Once you have completed two years of clinical practice, you may submit the Clinical Exam Request form available on the Board's website with the $40.00 processing fee (money order or certified check) and a six-month review form. Upon receipt, the Board will review the documentation submitted to ensure two years of clinical practice has been completed and will then provide further information regarding registration with ASWB and paying for the examination ($260.00 due to ASWB upon registering). ***You may submit this form with your LCSWA Renewal if you have documented two years of clinical practice at that time.***
   In the event of an unsuccessful examination, the processing fee and exam fee must be paid for each subsequent examination. ASWB requires that you wait 90 days between testing attempts.

9. **Moving from LCSWA to LCSW:** When you have completed all requirements for LCSW (Two full years, 24 months) with 3,000 hours of **supervised** clinical practice, with a minimum of 100 hours of supervision, and passed the ASWB Clinical exam], you may submit the LCSW Short Form application, $145 application fee, documentation of required CE activity, and your final 6 month review. You must continue to maintain supervision until the LCSW license has been issued.

NC Social Work Certification and Licensure Board
LCSW Associate Information

Pursuant to the North Carolina Social Worker Certification and Licensure Act, NCGS § 90B, it is unlawful to engage in or offer to engage in the practice of clinical social work in North Carolina without first being licensed as a clinical social worker by this Board. If you lack any of the criteria for licensure as a Licensed Clinical Social Worker (LCSW), and wish to engage in clinical social work practice, you must become licensed at the associate level (LCSWA). The following rules and procedures apply to all current and prospective LCSWA licensees:

- The LCSWA licensee may practice only under appropriate supervision.
- The LCSWA license is issued for two years and may be renewed prior to the LCSWA expiration date.
- The LCSWA licensee must document completion of two years of clinical practice to the Board prior to the Board granting examination eligibility. This will require most LCSWA licensees to renew their LCSWA license.
- Clinical supervision is required until LCSW licensure is obtained.
- A minimum of 3000 hours of appropriately supervised clinical practice over a period of time no less than two years, or more than six years are required for LCSW eligibility.
- Appropriate supervision means that provided by a supervisor who is an LCSW with a MSW degree from a CSWE accredited program and two years of post LCSW clinical practice experience, and who is in good standing with this Board (not under discipline). Prospective supervisors with prior disciplinary history must obtain written permission from the Board to supervise LCSWA licensees.
- A minimum of 100 hours of supervision is required and shall be maintained at a ratio of 1 hour of supervision for every 30 hours of practice. A maximum of twenty-five (25) hours of group supervision is allowed but all remaining applicable supervision must be individual (one-on-one, in person).
- All LCSWA licensees must notify the Board in writing (on applicable forms) and have in place prior to practice, appropriate clinical supervision and immediate access to emergency clinical consultation. An Emergency Crisis Plan must be in place pursuant to Section .0210(c) of the N. C. Administrative Code.
- If applying for licensure by substantial equivalency, to receive credit for clinical supervision and practice obtained in another state or jurisdiction, please note that this process is based on a current and active license at an equivalent level from the other state/jurisdiction. No exceptions.
- Those who fail the examination may re-examine after waiting 90 days and payment of another exam processing fee to this Board. [Actual cost of the exam must be paid by the candidate directly to the examining body, ASWB.]
- A waiver of the 90-day wait to re-examine may be requested if the number of items missed is within 5 points of a passing score.
- Continuing Education (CE) is required to apply for LCSW licensure and for renewal of the LCSWA license. CE requirements are set forth in N.C. Administrative Code [21 NCAC 63.0401] and require 40 clock hours over a two year period. CE may be prorated for renewal periods less than two years.
- Practice and supervision shall be reported to the Board every 6 months on the LCSWA Six-Month Review Form. It is the licensee's responsibility to submit each report to the Board on time, assuring that a case narrative has been completed and is on file with the clinical supervisor. Failure to report to the Board is a violation of the law and may result in action against the license.
- The LCSWA license may be renewed (see #2) upon submission of the Renewal Affidavit, appropriate fee, documentation of CE activity, and current Six-Month Review report.
- Upon satisfying all LCSW requirements (experience, supervision, examination, CE activity) submit the LCSW Short Form application (available for download at ncswboard.gov). Include the final Six-Month Review Form, along with the required application fee.

Continuing Education Information

[Reference: NC Administrative Code, Title 21, Chapter 63, Section .0401 and the Board's Position Statement on Continuing Education accessible from the Board's website]

When an LCSWA is initially licensed, they are deemed to have met minimal competency standards. The challenge of licensure boards is to assure these associate licensees, like all our credential holders, remain competent throughout their practice career not just with initial licensure. Toward that end, LCSWA's are required to practice under appropriate supervision, have immediate access to clinical consultation from an experienced practitioner, AND participate in ongoing continuing education to maintain professional knowledge and technical competency.

CONTINUING EDUCATION IS IMPORTANT:

1. LCSWA licensees are ***required*** to document CE activity to move from LCSWA to LCSW licensure and/or to renew the LCSWA license if additional time is needed to satisfy the LCSW requirements.

    - The renewal cycle is defined as the licensure period beginning with the date of issue or last renewal, and ending with the date of expiration – usually two years, and
    - Documentation of at least 40 clock hours (hours of instruction) of continuing education is required for each two year licensure period, of which at least 4 hours must be focused on ethics related to social work practice and ethical decision making. [CE hours are pro-rated following renewal if the cycle is less than two years-see proration chart in Position Statement on Continuing Education.]

2. LCSWA licensees are generally recent graduates or new to the practice of clinical social work. As such, the education and training they have received may not have prepared them to provide ***all*** the services that could be offered under the scope of clinical licensure. Before new or advanced professional services are incorporated into the LCSWA's professional practice, particularly those that may not have been included within the professional education program, it may be necessary to enroll in and successfully complete a program of study offered by a recognized institution and/or with recognized authorities to ensure competency in the delivery of that service.

3. In selecting Continuing Education Activities, consider trainings that are related to or enhance social work practice, include opportunity for discussion addressing practice implementation, and provide a certificate of completion or attendance to verify participation.

CONFERENCES / WORKSHOPS / OTHER ORGANIZED TRAINING EVENTS:

The Board does ***NOT*** require pre-approval of organized training events attended by the social worker. However, your continuing education activity is subject to audit. Although CEU or attendance certificates should not be attached to your Renewal Affidavit, you will need to be able to provide upon request, verifiable proof of attendance and credit hours. Please reference Chapter 63, Section .0401 of the NC Administrative Code for guidance on what constitutes appropriate and acceptable continuing education activities.

*** Pursuant to the Continuing Education Guidelines, live/synchronous audio-video broadcasts allowing for real time interaction between the instructor and participants attending through electronic means shall be considered an attended training (not a distance learning activity). This live interaction must be verifiable if the CE activity is audited.***

DISTANCE LEARNING ACTIVITIES / HOME-STUDY / ONLINE COURSES:

Distance Learning Activities are those in which the practitioner does not attend an organized training event in which the participants and the instructor are present in the same room and able to communicate in real time such as (but not limited to) online courses, home study courses, taped webinars/seminars/conferences. The maximum continuing education credit granted for distance learning activities is one half of the required hours, up to a maximum of 20 contact hours per renewal period. To be considered acceptable CE activity for renewal of a certificate or license, distance learning activities must be pre-approved by the Association of Social Work Boards' Approved Continuing Education Committee (ASWB-ACE) or the North Carolina Chapter of the National Association of Social Workers (NASW-NC) ***AND*** must meet the regulatory requirements. **The Social Work Certification and Licensure Board has FINAL authority over what satisfies the Continuing Education Guidelines.**

You can find all ASWB-ACE Providers listed on the ASWB website at www.ASWB.org and NASW-NC approved courses through their website at www.naswnc.org.

****

Pro-rated Continuing Education for LCSWA Licensees:

LCSWA licensees whose renewal cycle is for less than two years may document continuing education on a pro-rated basis. Please refer to the time table on the Board's ***Position Statement on Continuing Education*** for specific time periods; however, consider the following:

- 2-year licensure period/renewal cycle requires documentation of 40 contact hours of continuing education with at least 4 hours of ethics focused training.
- 1-year renewal cycle requires 20 contact hours of continuing education with at least 2 hours of ethics focused training.
- 6-month renewal cycle requires 10 contact hours of continuing education with a least 1 hour of ethics focused training.

****

NCSWCLB POSITION STATEMENT ON CONTINUING EDUCATION

Purpose:
Continuing education (CE) is required to maintain professional knowledge and technical competency in the practice of social work. The Board issues this Position Statement to clarify statutory and regulatory requirements and to explain what the Board considers acceptable continuing education for purposes of certification and licensure renewal.

The primary objective of continuing education is protection of the public through maintenance and enhancement of professional competence, ethical decision-making, and quality service delivery. These governing requirements for CE outlined in the NC Administrative Code [21 NCAC 63 .0401] are posted on the Board's website at www.ncswboard.org.

Verification and Documentation of CE Activities:
The Board does ***not*** pre-approve CE providers or courses. Licensees are responsible for ensuring that their continuing education activities meet the requirements of 21 NCAC 63 .0401. The Board considers continuing education to be acceptable when an activity is verifiable. Acceptable documentation may include a certificate of completion or attendance that identifies *the sponsoring organization, facilitator/presenter, course title, format (in-person, online, etc.), date(s) attended, number of contact hours awarded, and participant's name*.

Licensees are responsible for maintaining and, when required, submitting documentation sufficient to demonstrate compliance with continuing education requirements. The Board may require submission of continuing education documentation at the time of renewal and may review such documentation to determine compliance with statutory and regulatory requirements. When submissions do not meet continuing education requirements, the Board may provide corrective guidance or take further action as authorized by statute.

Requirements Under Statute and Administrative Code:

1. **Continuing Education Requirement** - Continuing education is required for renewal of social work certification and licensure. [21 NCAC 63 .0401(a)]
2. **Total Hours Required** - Social workers shall obtain 40 contact (clock) hours of Board-approved continuing education ***within*** each two-year renewal cycle. [21 NCAC 63 .0401(a)]
3. **Ethics Requirement** - A minimum of four (4) contact hours must focus on ethics related to social work practice and ethical decision-making within each renewal cycle. [21 NCAC 63 .0401(b)]
4. **Distance Education Limitation** - No more than one-half (20 hours) of the required CE hours per renewal cycle may be obtained through distance education (online courses, live or recorded non-interactive webinars, home study courses). [21 NCAC 63 .0401(c)]
5. **Self-Care Limitation** - A maximum of six (6) contact hours per renewal cycle may be credited for continuing education focused on practitioner self-care and well-being. This activity must be an organized learning event. [21 NCAC 63 .0401(d)]
6. **Presentation Credit** - A maximum of five (5) contact hours per renewal cycle may be credited for presenting a training focused on social work practice, provided that the licensee is able to provide documentation from the sponsoring organization identifying the licensee as the presenter and the number of contact hours awarded. [21 NCAC 63 .0401(e)]

Prorated Continuing Education:

- An **initial** certificate or license issued for a period **less than two years** requires only 30 hours of CE, of which at least 4 hours must satisfy the ethics requirement. [21 NCAC 63 .0403(d)(7)(A)]
- It is not uncommon for an LCSWA to renew their LCSWA license beyond the initial two-year licensure period to meet the 2 year/3000 hours of supervised clinical practice requirement. An LCSWA who applies for their LCSW before the end of their second or third renewal cycle, should use the below Table to determine the required number of CE hours for their LCSW application.

LCSWA Prorated Continuing Education Table

Licensure Period	Total CE Required	Ethics Hours Required
1-3 months	5 hours	1 hour
4-6 months	10 hours	1 hour
7-9 months	15 hours	2 hours
10-12 months	20 hours	2 hours

Licensure Period	Total CE Required	Ethics Hours Required
13-15 months	25 hours	3 hours
16-18 months	30 hours	3 hours
19-21 months	35 hours	4 hours
22-24 months	40 hours	4 hours

What is Considered Acceptable Continuing Education:

For purposes of 21 NCAC 63 .0401, the Board interprets CE as acceptable when it is clearly related to ***social work practice, values, skills, and knowledge***. Examples may include but are not limited to:

- Live synchronous audio-video broadcasts that allow real-time interaction between instructors and participants shall not be considered distance learning activities. These broadcasts may be reported as an attended training activity.
- Academic social work courses taken for credit or audit.
- Agency-based staff development, seminars, workshops, institutes, conferences, or similar organized learning activities.
- Cross-disciplinary offerings from medicine, law, behavioral sciences, or related disciplines.
- Formal study groups focused on relevant professional topics. Participation must be documented. Participants may, but facilitators may not receive CE credit.
- Distance education activities offered by providers who are approved by ASWB or NASW-NC.

Activities That Are Not Acceptable:
The Board does not consider the following activities to be acceptable continuing education:

- Self-directed learning projects without organized instruction.
- Supervision or case consultation.
- Identical programs completed within the same renewal cycle. A continuing education activity will be considered identical if it is offered by the same provider and has either the same title or substantially similar content during the same renewal cycle.
- Job orientation or employer-mandated procedural training (*e.g., workplace compliance, health and safety training*).
- Receiving therapeutic services, including individual or group therapy. Educational programs focused on providing therapeutic services may qualify.

Telehealth Competency:
The Board encourages licensees who provide services through telehealth or other electronic means to obtain continuing education addressing legal, ethical, and clinical considerations specific to remote practice.

Clinical Supervision Competency:
The Board encourages Licensed Clinical Social Workers who provide clinical supervision to Licensed

Clinical Social Worker Associates to obtain continuing education related to supervision practices, including the legal, ethical, and clinical aspects of supervision.

Professional Examination

The North Carolina Social Work Certification and Licensure Board (the Board) requires professional examination to evaluate the qualifications of each applicant, and utilizes the Association of Social Work Boards (ASWB) as their examining body. Examination eligibility is determined by application for certification and/or licensure through the Board.

Currently, examination is not required to obtain the LCSWA license. LCSWA licensees must document two years of clinical practice to the Board in order to be eligible for the ASWB Clinical exam. The ASWB Clinical exam must be taken and passed prior to being issued the LCSW license.

LCSW Associate licensees will need to renew their LCSWA license at the end of their two year licensure period. Once the license has been renewed, the LCSWA may continue to work on the required supervision and employment hours for the LCSW. Upon completion and documentation to the Board of two years of clinical practice, the LCSWA licensee may apply for examination eligibility. All LCSWA licensees must maintain appropriate clinical supervision until the LCSW license has been issued.

With the Exam Request Form, the LCSWA licensee must submit the exam processing fee [$40] and a six-month review form to reflect completion of two years of clinical practice to the NCSWCLB. The processing fee must be paid by MONEY ORDER or CERTIFIED BANK CHECK, as no personal checks or credit card payments are accepted at this time**.**

Once the Board has received the processing fee and review form, the Board will review the licensee's record to ensure completion of two years of clinical practice. If two years of clinical practice has been documented, the Board will authorize examination with ASWB. The Examination Candidacy Approval notice will be sent to the LCSWA licensee and provide instructions on how to register for the examination; including how to access a copy of the *Candidate Handbook for Social Work Licensing Examinations* through ASWB. The exam fee [$260 for Clinical level exam] must be paid directly to ASWB at the time of registration. To register for the exam or to purchase related materials (study guide or practice exam) the social worker MUST have approval from this Board first. ASWB is informed of the social worker's approval to sit for examination upon receipt of the exam processing fee and qualification determination.

The exams are currently offered 5 or 6 days per week in several locations throughout the State at Pearson VUE test centers. Please visit the ASWB website at www.aswb.org for additional Exam Candidate information and information related to testing sites. [REMINDER: to sit for the exam, the applicant/licensee must be approved by this Board as eligible and must be authorized by the examining body, ASWB.]

Authorization to sit for the ASWB examination is good for ONE exam attempt and will be valid for one year from the date the Board received the processing fee or until the current LCSWA license expires, whichever comes first.

FEES ARE NON-REFUNDABLE. Candidates that fail the exam may request to re-examine by submitting the Exam Request Form (SAMPLE enclosed) and another processing fee [$40] to NCSWCLB. A separate exam fee [$260 to ASWB] must be paid for each exam attempt. ASWB may require an additional charge from candidates for missed appointments with an excused absence; however, an unexcused missed appointment will cost the candidate the entire fee.

Special Accommodations and Study Guide: The ASWB Candidate Handbook contains information on the exam accommodations under the Americans with Disabilities Act (ADA), and English as a Second Language (ESL). Please visit the ASWB website at www.aswb.org for additional information.

ASWB offers a practice version of the clinical exam. Access to the full-length practice test does require a non-refundable fee and is available only to candidates ***registered*** to take the corresponding licensing exam. Practice exams may be purchased through the ASWB website.

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CLINICAL EXAM REQUEST FORM

This form is to be used once you have completed two years of clinical practice and submit to the Board for examination eligibility. **PLEASE READ THIS DOCUMENT CAREFULLY AND MAINTAIN A COPY FOR YOUR RECORDS.** You may include this form with your LCSWA renewal submission **IF** you have met two years (24 months) of clinical practice at that time. Upon receipt of this document, the Board will review all submitted six-month review forms to determine completion of two years of clinical practice. **If you have not submitted your review forms at the assigned six-month review dates as required or have not responded to requests for additional information, please note that review may be delayed. Also, please be advised that you must maintain appropriate clinical supervision until you have applied for and have been issued the LCSW license.**

Upon receipt of your payment and exam request, the Board will review your record to ensure **completion of two years of clinical experience** and once confirmed, will forward to you instructions for registering to sit for the examination including an expiration date. The exam approval is good for ***ONE*** exam attempt during the approval period. You will be able to register with ASWB **ONLY** after the Board has given authorization. Upon registration with ASWB you will be sent authorization and contact information for Pearson VUE Test Centers. You may then select the center of your choice and schedule directly with the testing center. Testing is generally available Monday through Saturday at most sites. A PASS/FAIL report will be presented to you at the testing site upon completion of the examination. If you have an unsuccessful examination, you may submit another request for examination to begin the process again (including submission of the processing fee).

An official score report will be sent automatically to this Board from ASWB. **We do *not* notify you when we receive your results from the exam board. These scores are maintained in your records.** If you have a successful examination and have completed all other requirements for the LCSW license (two years of supervised clinical practice with 3,000 clinical practice hours and 100 hours of clinical supervision), you may submit the LCSW Short Form application with all required materials and fee.

Mark all boxes below, complete and sign with Clinical Supervisor.

- ☐ Completed **two years (24 months) of clinical practice**. Indicate first date of clinical practice: ____/____/_____
- ☐ Attached Six-Month Review (must be included to demonstrate completion of two years' experience).
- ☐ Enclosed Exam Processing Fee of $40.00 (by certified check or money order). *The processing fee made payable to NCSWCLB must be paid by certified bank check or money order (no personal checks accepted). THE PROCESSING FEE DOES NOT INCLUDE THE COST OF THE EXAMINATION (Paid directly to ASWB).*

NAME: _____ LICENSE #: _____

Address: _____ DOB: _____

_____

LCSWA SIGNATURE: _____

I affirm that the above named individual has, to the best of my knowledge, completed two years of clinical practice and qualifies to take the ASWB Clinical exam at this time.

CLINICAL SUPERVISOR NAME: _____ LICENSE #: _____

CLINICAL SUPERVISOR SIGNATURE: _____

LCSW ASSOCIATE RENEWAL INFORMATION

Continuing education (CE) for License renewal is required to maintain professional knowledge and technical competency. The LCSW Associate (LCSWA) license is issued on a two-year basis and will expire two years after the initial month of issuance. **Please keep the Board advised at all times of a current address.**

Current Renewal fee is $140 for the LCSWA license.

Renewal of your license requires 40 contact hours of CE within the two year licensure cycle. At least four (4) hours of CE must be focused on ethics related to social work practice and ethical decision making.

Credit will ***not*** be allowed for identical programs completed within the same renewal period, or for job orientation, on the job training, supervision, or case consultation.

THE BOARD DOES NOT APPROVE TRAINING ACTIVITIES IN ADVANCE. All training activities must satisfy the Administrative Code guidelines for Continuing Education [21 NCAC 63.0401].

CONTINUING EDUCATION ACTIVITIES MAY INCLUDE:

1. Academic **Social Work** courses taken for credit or audit. One semester hour is equal to 15 contact hours. Credit for auditing an academic course shall be for actual clock hours attended during which instruction was given with one clock hour equal to one contact hour of credit.
2. Agency-based staff development, seminars, institutes, workshops, mini courses or conferences **oriented to social work practice, values, skills and knowledge**.
3. Cross-disciplinary offerings from medicine, law, and the behavioral social sciences or other disciplines, if such offerings are **clearly related to social work practice, values, skills and knowledge**.
4. Study groups focusing on social work practice if the following can be documented: Study topic; study materials; facilitator; and date and hours of attendance. Participants (not the facilitator) may receive credit.
5. Distance learning courses: Home study, webinars or online courses offered by ASWB or NASW-NC approved providers are the ***only*** distance education activities considered. The maximum allowed for such courses is one-half of the required hours, up to a maximum of twenty (20) contact hours per renewal period. Visit the Board's website at www.ncswboard.gov for more information regarding distance learning.

LATE RENEWAL: Your license expires on the date indicated and may not be extended except through the renewal process. Renewal Affidavits received after the license expiration date, but within 60 days after expiration will be assessed an additional late fee of $50.00.

Persons failing to renew within 60 days after expiration will have their license suspended for failure to renew and will be assessed an additional reinstatement fee of $155.00, provided you have passed the clinical exam and are eligible for renewal/reinstatement**. If you are retired or not practicing you may submit a request for non-practicing status. Please refer to NCGS 90B-9.1; however, the six year allotted time frame for satisfying the 2 year/3000 hours of supervised experience will continue to proceed uninterrupted.**

DO NOT send course descriptions, attendance certificates, or other documentation with your renewal forms. Please maintain these in your records (for a period of no less than 3 years) as they may be requested for audit or verification.

The Renewal Affidavit (2 pages) including affirmation statements and list of CE activity, and the appropriate fee (payable by check or money order to NCSWCLB) shall be submitted prior to the expiration of your current license. (Renewal is not complete without the $140 renewal fee).

NCSWCLB
P.O. Box 1043
Asheboro, NC 27204

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PART I: RENEWAL AFFIDAVIT FOR ALL LEVELS
Please affirm by initialing each statement then sign and date below.

_____I affirm/certify that I have engaged in at least 40 hours of continuing education activities in the preceding 24 months in compliance with the NCSWCLB renewal standard for continuing education. (30 hours if renewal term is less than 2 years).

_____I affirm that I have engaged in at least 4 hours of continuing education focused on ethics related to social work practice and ethical decision making in the preceding certificate/license cycle.

_____I affirm that my ability to perform my professional responsibilities is not impaired in any way or by the use of alcohol, prescription or non-prescription drugs, or other controlled substances.

_____I affirm that I have not been convicted of a crime since my last renewal except as explained in the attached page (if necessary). (Please include a certified copy of any court records or statement of any current charges that may be pending against you before any court, Board, agency, or professional organization).

_____I affirm that I have reviewed North Carolina General Statute GS90B, the "Social Work Certification and Licensure Act"; **and** Title 21, Chapter 63 of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures, and hereby agree to comply fully with them. Available at www.ncswboard.gov.

_____**I affirm that I have not violated any of the North Carolina Social Work Certification and Licensure Board *Ethical* Guidelines.**

_____I understand that renewal of my certification/license is subject to a Continuing Education audit which will require me to verify the trainings I attended and submitted for renewal; and I hereby agree to comply fully with the Board's audit request.

_____I affirm that all information submitted by me or at my request is accurate, and I give permission to the North Carolina Social Work Certification and Licensure Board to verify and /or further investigate any such information, as it may deem appropriate. I understand that any material omission or misrepresentation in my submission shall be grounds for the ***immediate action by the Board against my certification/licensure.***

Printed Name **Signature** **Date**

Home Address (Street, City, State, Zip) **NC County of residence**
☐ *Check here if new address*

Employer **Work Phone#**

License # **Last four of SS #** **Home Phone #**

Preferred Email Address **Cell Phone #**

(Please complete Part II & Public Notice Statement)

PART II: CONTINUING EDUCATION LOG

Please list all courses and check where applicable, the appropriate column for Ethics or Online Learning. Total CE hours should be 40 with 4 in Ethics and no more than 20 hours of Distance Learning. PLEASE MAKE SURE TO TOTAL YOUR HOURS TO HELP EXPEDITE PROCESSING.
You may duplicate this form or attach your own if necessary. Please sign and date all attachments.

DATE	COURSE TITLE	☑ ATTENDED	☑ ONLINE	☑ ETHICS	HOURS

TOTAL HOURS

______________________________ ______________

PRINTED NAME **LICENSE #**

______________________________ ______________

SIGNATURE **DATE**

PUBLIC NOTICE STATEMENT

I certify that I have read and understand the "public notice statement" maintained by the N.C. Industrial Commission, Employee Classification Section on their website at www.ic.nc.gov.

Further, I certify that I have ____ / have not____ *(check one)* been investigated for employee misclassification within the past twelve (12) months for initial applicants or since my last renewal.

_____	_____	_____
Printed Name	*Signature*	*Date (mm/dd/yyyy)*

Applicants who have been investigated for employee misclassification shall attach a copy of the investigation results with their application. Failure to comply with this certification statement and disclosure requirement shall result in denial of your application for certification/licensure/renewal.

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LCSW SHORT-FORM APPLICATION

(Three-Part Document)

PART I: Affirmation and Signature

Note: This document to be used only by LCSW Associate licensees who have completed all requirements for LCSW licensure. Please review, with your clinical supervisor, your six-month review submissions submitted to the Board to ensure all requirements have been met (initial below):

1. ____ 3,000 hours of paid supervised clinical experience **in a period no less than 2 years** or more than 6 years. You must document **two years (24 months) of supervised clinical practice to qualify for the LCSW license**. Insert start date of supervised clinical practice reported on first six-month review form: _____;
2. ____ Minimum of 100 hours of clinical supervision. Insert total number of clinical supervision hours completed Individual _____ Group_____ (include final six-month Review Form to document all supervised clinical practice and supervision obtained since your last submission);
3. ____ Passed the ASWB Clinical level exam. Insert date of passing exam _____;
4. ____ Documentation of continuing education at the required rate of 40 hours within a two-year licensing period, with at least 4 hours of continuing education focused on ethics in social work practice. *[Refer to the Board's Position Statement on Continuing Education for information on pro-rated continuing education for licensure periods less than two years.]*

**** Enclose a non-refundable fee of $145.00 (personal check, cashier's check or money order) payable to NCSWCLB.****

____ I affirm that I have completed the necessary requirements to obtain licensure in North Carolina as a Licensed Clinical Social Worker and that the information provided herein is accurate.

____ I affirm that I have reviewed the North Carolina General Statute GS § 90B, the Social Worker Certification and Licensure Act, and Title 21, Chapter 63 of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures; and I hereby agree to fully comply with them. (Please reference the Board's website at www.ncswboard.gov for the most current edition)

____ I affirm that I have not violated any of the North Carolina Social Work Certification and Licensure Board governing rules or statutes, including the *Ethical Guidelines*.

____ I affirm that I have not been convicted of a crime (excluding minor traffic violations other than DWI/DUI) since my initial application for associate licensure. (Attach letter of explanation if applicable)

Full Name_____ LCSWA license # _____

Home Address_____
Street/P.O. Box City/State/Zip

Work Address_____
Street/P.O. Box City/State/Zip

Home Phone#_____Work Phone#_____

Signature_____ Date_____

LCSW Supervisor Signature _____ Date_____

LCSW Supervisor to check appropriate space below:
_____ I recommend continued supervised clinical practice at the LCSWA level.
_____ I recommend this LCSWA for LCSW licensure (applicable only after completing all minimum requirements).

PART II: CONTINUING EDUCATION LOG: A minimum of 40 CE hours (4 Ethics) is required for the Short Form for a full two years. If you renewed your LCSWA less than 2 years ago, please refer to the Board's Position Statement on Continuing Education for pro-rated CE hours needed. No more than ½ your hours (maximum of 20 hrs) may be through Distance Learning courses.

You may duplicate this form or attach your own if necessary. Please sign and date all attachments.

List all training (include date attended) and check the appropriate column where applicable for Ethics or Distance Learning. PLEASE TOTAL YOUR HOURS TO HELP EXPEDITE PROCESSING.

Date Course Title	√ Distance Learning	√ Ethics Course	Total Hours

PRINTED NAME **LICENSE #** **TOTAL**

SIGNATURE **DATE**

BOARD SIGNATURE

PUBLIC NOTICE STATEMENT

I certify that I have read and understand the "public notice statement" maintained by the N.C. Industrial Commission, Employee Classification Section on their website at www.ic.nc.gov.

Further, I certify that I have ____ / have not____ *(check one)* been investigated for employee misclassification within the past twelve (12) months for initial applicants or since my last renewal.

_____	_____	_____
Printed Name	*Signature*	*Date (mm/dd/yyyy)*

Applicants who have been investigated for employee misclassification shall attach a copy of the investigation results with their application. Failure to comply with this certification statement and disclosure requirement shall result in denial of your application for certification/licensure/renewal.

SECTION FIVE

SAMPLE Supervision Agreement

SAMPLE Supervision Log

SAMPLE CLINICAL SUPERVISION AGREEMENT

*[**NOTE:** NCGS 90B does not mandate a written supervisory agreement be completed; however, to ensure all aspects and expectations of supervision are met, it is recommended that a written agreement be completed between the appropriate parties to ensure all expectations are clearly defined. This SAMPLE agreement is offered as a courtesy to assist supervisees and supervisors in developing a clearly defined arrangement for clinical supervision during the LCSWA licensure period and is not intended to represent all areas to be considered. Should you choose to use this document or develop a separate Supervision Agreement, please do not submit it to the Board for consideration.]*

Clinical Supervisor (LCSW) Name: _____

LCSW Associate (LCSWA) Name: _____

LCSWA Practice Location (Name and Address):

_____

SAMPLE

Work site Supervisor (if clinical supervisor is offsite): _____

Supervision Start Date: _____

Supervision Guidelines – Define parameters (general professional expectations, clarification of access to records and confidential information, client understanding of supervisor's role, etc.). May include (but not be limited to) the following:

1. Professional and ethical conduct expected.
2. All NC Social Work Board paperwork to be brought to the first supervision session (licensing packet with reporting dates, signature documents, etc.).
3. All contacts will be a part of supervision for the duration of this agreement.
4. Unprofessional demeanor, speech and interaction observed or reported will be discussed during supervision.
5. A job description and agency policies related to social work to be provided by *established timeframe*, including client consent for treatment and understanding of supervisory oversight. [For offsite supervision, clarify expectation for communication among employer, supervisor and supervisee regarding access to records, client oversight, etc.]
6. Adherence to supervision defined [i.e. supervision will occur for a minimum of once a week for one hour. Define supervision format (must be face-to-face as required by regulation), and any additional expectations, such as use of live supervision, videotaped sessions, etc.]
7. Work done in the supervisory session will follow the usual rules of confidentiality. Permission to use client names and appropriate identifying information, as well as acknowledgment of supervisor oversight and consent for treatment should be obtained.

Clinical Supervisor Expectations – Define the expectations of the supervisor, which may include but not be limited to the following:

- Provide supervision within the ethical guidelines of the NCSWCLB and the NASW code.
- Facilitate the supervisee's ability to clinically assess supervisee's clients for mental and emotional disorders using the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), utilize social work methods and theory, develop appropriate treatment plans to address diagnosed disorders; and collaborate with the supervisee to identify other providers to meet needs the supervisee cannot.
- Focus on relationship development with client systems and attend to issues of transference and counter-transference; assist refinement of self-awareness.
- Offer supervisee advice, support, consultation, and challenge to enable the supervisee to reflect in depth on issues affecting the supervisee's practice. Respect supervisee's confidentiality and that of the supervisee's clients; except if the supervisee engages in or attempts to engage in any unsafe, unethical or illegal practices that are harmful to clients and that the supervisee is unwilling or unsuccessful in addressing with the supervisor. In the event of an exception arising, the supervisor will attempt to educate, redirect and support the supervisee in how to appropriately handle the issue directly. If this is unsuccessful or the practice is of such seriousness that it needs immediate action, the

supervisor will take all appropriate steps to protect the client and the supervisor's professional license and will report to the licensing board as required under regulation.

- Address supervisee's agenda, within the framework and focus negotiated at the beginning of each session. However, the supervisor reserves the right to highlight items apparently neglected or unnoticed by the supervisee.
- Maintain and utilize my own (separate) clinical supervision to support and develop my abilities as a clinical supervisor and clinician.
- Maintain a log of supervision sessions, and provide a record for the NC Social Work Certification and Licensure Board, showing the times, format (in person or through technology) and dates of clinical supervision sessions along with a summary of the issues discussed, upon request by the Board.
- Maintain LCSW clinical licensure in good standing with the NC Social Work Certification and Licensure Board.

SAMPLE

Supervisee Expectations – Define the expectations of the supervisee, which may include, but not be limited to the following:

- Ensure clients are properly informed of the LCSWA's practice being supervised and all client signature documents are obtained and available to the supervisor for review.
- Attend all sessions on time as agreed to in this contract or in future negotiations to meet the needs of both the supervisor and the supervisee.
- Make effective use of time by preparing for the sessions, developing an agenda, bringing a list of clients served during the week to discuss, and/or preparing notes.
- Take and keep notes about the sessions to assist the supervisee in practice and development of the six month case narratives or LCSW exam preparation.
- Be willing to learn, to develop clinical skills and be open to receiving input, challenges and suggestions.
- Share all materials sent to or received from the NC Social Work Certification and Licensure Board.
- Be responsible for timely payment of supervision fees (if appropriate).

Meeting frequency – [Supervision is required by regulation at the rate of 1 hour of supervision for every 30 hours of clinical practice.]

- Define frequency and amount (i.e. weekly for one hour) of supervision agreed upon. If supervision will also be provided through the use of technology, provide clarification that supervision is provided in accordance with the relevant section of the NC Administrative Code for appropriate supervision, and logged accordingly.
- If the meeting is to be missed by supervisee, the supervisee must contact the supervisor as soon as possible to cancel and re-schedule the meeting.
- If the meeting is to be missed by the supervisor, the supervisor must contact the supervisee as soon as possible to cancel and reschedule the meeting.
- Should the supervisee need more supervision time, it will be scheduled in advance of the need.

Location of the supervision:

- Supervision will take place at _____ [location and time].
- If supervision will also be provided through the use of technology, define the parameters, including how confidential information is protected.

Payment for supervision sessions (if applicable):

- Supervisee has agreed to pay _____ [amount] per hour for individual supervision.
- Supervisee has agreed to pay _____ [amount] per hour for group supervision. [A maximum of 25 hours of group supervision is allowed for meeting LCSW requirements as per NCSWCLB. Group supervision will take place if and when other supervisees are able and willing to engage.
- Define clearly when and how payment is to be made.

Duration of clinical supervision:

- This supervision arrangement is valid as long as the supervisee and supervisor both mutually agree. At any time either party is dissatisfied with this arrangement for any reason, or need to end supervision for any reason, this agreement will expire after a *(define period)* notice is provided by the party requesting that the service end.

- The notice period will be used to assure that all documentation kept by each part is fully shared with the other party and required reporting documentation is completed.

This is an agreement for clinical supervision between the parties below:

_____ Date: _____
Signed (LCSWA Supervisee)

_____ Date: _____
Signed (LCSW Clinical Supervisee)

_____ Date: _____
Signed (Work site Supervisor – if applicable)

Distribution: Originals to all parties

_____(*year*) Supervision Hours: _____ [Total Group] _____ [Total Individual]

Enter: Amount/Type/Format for each date supervision is provided.

Examples:	Example:	1/I/P	Amount = 1 hour	Type = Individual	Format = In person
		0.75/G/T	Amount = 3/4 hour	Type = Group	Format = Technology

LCSWA Name: _____ Supervisor Name: _____

SAMPLE

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NOTES: [Provide date & notation]