



Texas State Board of Social Worker Examiners

Supervision Verification for LCSW/LMSW-AP

I. Supervisee's Information

Name: _____ License Category and Number: _____

Supervision Type: Licensed Clinical Social Worker (LCSW) or Licensed Master Social Worker-Advanced Practitioner (LMSW-AP)

II. Supervisor's Qualifications (completed by supervisor)

Name: _____ License Category and Number: _____

Business Address and Telephone: _____

Are you a board-approved supervisor? Yes
 No

Has a plan been filed with the board? Yes No

If not licensed in Texas:

Do you have a masters degree in social work? Yes No

What are your social work credentials? _____

State

issued: _____ Date issued: _____

III. Supervision Verification (completed by supervisor)

Dates of supervision: From _____ To _____

Supervisee's work schedule: Full time (30 hours/week) Part time (____ Hours/week)

Total number of supervision hours for time period listed above: _____ Individual _____ Group

Supervisee's specific duties:

Assessment of the supervisee's social work practice knowledge, skills and abilities:

Supervisee's therapeutic strengths:

Areas identified as needing improvement:

IV. Recommendation

Recommend for recognition: Yes
 No

Level recommended: LCSW LMSW-AP

If no, please explain:

Supervisor Signature _____ Date _____

Return to: Texas State Board of Social Worker Examiners, 1100 W. 49th St., Austin, TX 78756-3183

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