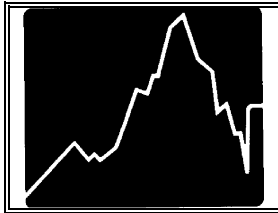


**COMMONWEALTH OF VIRGINIA
VIRGINIA BOARD OF SOCIAL WORK**



Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
(804) 367-4441
Website - <http://www.dhp.virginia.gov/social>

VERIFICATION OF CLINICAL SUPERVISION

I. GENERAL INFORMATION	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Name of Applicant (Last, First)	Applicants Email Address	
II. SUPERVISOR'S EVALUATION: ANSWERS SHOULD BE PROVIDED BASED ON THE SUPERVISION OBTAINED UNDER THE INSTRUCTION OF THE SUPERVISOR COMPLETING THE FORM.		
Supervisor's Name (Last, First)	Supervisor's Telephone Number	
Business Name and Address of Supervision Work Site (ONE LOCATION ONLY)		
Dates of supervision: From: _____ to _____		
Did the applicant receive a minimum of one (1) hour and a maximum of four (4) hours of face-to-face supervision per 40 hours of work experience for a total of at least 100 hours with no more than 50 of the 100 hours obtained in group supervision?	Yes No If not, how many? _____	
Did applicant complete a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of "clinical social work services" and in ancillary services that support such delivery?	Yes No If not, how many? _____	
Did the applicant obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of "clinical social work services" while under your direct supervision?	Yes No If not, how many? _____	
Did the applicant demonstrate minimum competencies of identified theory base ?	Yes No	
Did the applicant demonstrate minimum competencies of application of a differential diagnosis ?	Yes No	
Did the applicant demonstrate minimum competencies of establishing and monitoring a treatment plan ?	Yes No	
Did the applicant demonstrate minimum competencies of development and appropriate use of the professional relationship ?	Yes No	
Did the applicant demonstrate minimum competencies of assessing the client for risk of imminent danger ?	Yes No	
Did the applicant demonstrate minimum competencies of implementing a professional and ethical relationship with clients ?	Yes No	
Did the applicant demonstrate minimum competencies of understanding the requirements of law for reporting any harm or risk of harm to self or others ?	Yes No	
In your opinion has the applicant demonstrated competency sufficient for licensing and the independent practice as a clinical social worker?	Yes No	
I declare that, to the best of my knowledge, the foregoing is true and correct.		
_____ Supervisor's Signature	_____ Date	