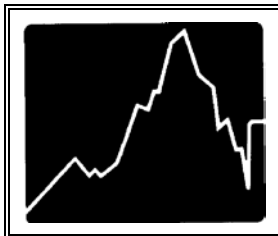


**COMMONWEALTH OF VIRGINIA**  
**BOARD OF SOCIAL WORK**



**Department of Health Professions**  
**9960 Mayland Drive, Suite 300**  
**Richmond, Virginia 23233-1463**  
**(804) 367-4441**

Website: <http://www.dhp.virginia.gov/social>

**REQUEST FOR TERMINATION OF SUPERVISION**

This form should be used to notify the Virginia Board of Social Work of the termination of a board-approved supervisory contract between a supervisor and supervisee. At the conclusion of the supervised experience, the supervisor shall provide the supervisee with a complete Verification of Clinical Supervision form to be held in their possession until the completion of their supervision.

**Supervisee's Information:**

Supervisee's Name (Last, First)	Supervisee's Telephone Number
Supervisee's Email Address	

**Supervisor's Information:**

Supervisor's Name (Last, First)	Supervisor's Telephone Number
Supervisor's Email Address	

**Supervised Experience Information:**

Name of Supervision Work Site:
Address of Supervision Work Site (Street, City, State, Zip):
Date of Termination:

Please email, fax or mail this completed form to:

**Virginia Board of Social Work**  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463  
Phone: (804) 367-4441  
Fax: (804) 527-4435

Email: [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov)