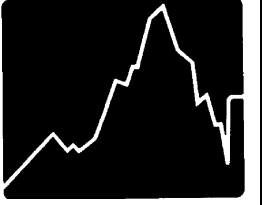


VIRGINIA BOARD OF SOCIAL WORK

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

Application:

Fee: A registration fee paid by check or money order made payable to the “Treasurer of Virginia”. This fee is non-refundable. The application can be used for one year from date of receipt.

Supporting documentation:

Upon completion of the **Paper Application for Registration of Supervision towards LSW**, you will be required to submit to the Board office the following items in one complete package:

- Note: A new application, fee and supporting documentation must be submitted for each addition or change in supervisor, location or job responsibilities.

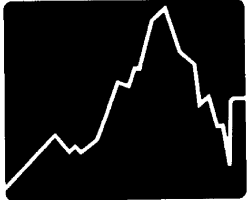
Verification of Education: An official undergraduate transcript with conferral date is required. Copies will not be accepted.

- If you have been previously approved by the Board for supervision, a duplicate transcript is not required.

Name Change: Documentation must be provided if your name has legally changed through marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.

YOU SHOULD NOT BEGIN COUNTING HOURS TOWARDS LICENSURE UNTIL YOU HAVE RECEIVED WRITTEN BOARD APPROVAL.

**COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK**

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**PAPER APPLICATION FOR
REGISTRATION OF SUPERVISION TOWARDS LSW**

Initial Application	Add/Change Supervisor	Add/Change Work Site	Add/Change Work Duties
Supervisee's Name (Last, First)		Supervisee's Email Address	
Social Security Number or Virginia DMV Control Number*		Date of Birth (MM/DD/YY)	
Mailing Address (Street and/or Box Number, City, State, Zip Code)		Telephone Number Home: Alternate:	
Are you the spouse of a member of the U. S. military who has been transferred to Virginia and did you leave employment to accompany your spouse to Virginia? Yes No			
Name and address of proposed supervision work site where applicant will receive hours towards licensure (ONE LOCATION ONLY)			
EDUCATION: List in chronological order each undergraduate school or other institution where course work has been completed.			
Institution Name		Type of Degree Received	
Institution Name		Type of Degree Received	
SUPERVISEE MUST ANSWER THE FOLLOWING QUESTIONS:			YES NO
1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination and where:			Yes No
2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? If yes, explain in detail on a separate sheet of paper.			Yes No
3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) If yes, explain in detail on a separate sheet of paper and provide court documents.			Yes No
4. In the last twelve (12) months, have you been unable to practice social work by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? If yes, please provide an explanation on a separate sheet of paper.			Yes No
5. Have you ever been censured, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? If yes, provide an explanation on a separate sheet of paper.			Yes No

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

If your answer is "No" to any of the following questions, please provide an explanation on a separate sheet of paper which must be signed and dated by the supervisor and supervisee.

1. Does the supervisor hold an active, unrestricted license as a LSW with a master's degree, LSW with a bachelor's degree and at least three years of post-licensure social work experience, or a LCSW?	Yes	No
2. Will the supervisee provide the casework management and supportive services as outlined in the Regulations Governing the Practice of Social Work and Code of Virginia?	Yes	No

DECLARATION OF SUPERVISOR AND SUPERVISEE

We, _____ (name of supervisor), and _____ (name of supervisee) hereby certify that:

1. We have reviewed and understand the Virginia Board of Social Work Regulations pertaining to supervision;
2. We understand that we must observe and comply with the supervision requirements set forth in the regulations;
3. The supervisor is not providing supervision for a member of their immediate family or providing supervision to anyone with whom they have a dual relationship;
4. The supervisor is responsible for the social work activities of the supervisee listed above as set forth in the Regulations Governing the Practice of Social Work once the supervisory arrangement is accepted;
5. The supervisor is responsible for reviewing and approving the assessment and service plan of a representative sample of cases assigned to the applicant during the course of supervision.
6. The supervisor is providing supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;
7. We understand that the supervisor must evaluate the supervisee's knowledge and document minimal competencies in the areas of professional ethics and professional competency.
8. The supervisor must be available to the applicant on a regularly scheduled basis for supervision;
9. We have reviewed and understand the job description of the supervisee while under supervision;
10. We understand that the supervisee cannot begin counting hours towards licensure until Board approval has been granted;
11. We understand that the supervisor is responsible for notifying the Board regarding any termination or change in supervision.

We will comply with the Laws and Regulations Governing the Practice of Social Work and hereby agree to this supervision which is being registered with the Virginia Board of Social Work.

_____	_____
SIGNATURE OF SUPERVISOR	DATE
_____	_____
SIGNATURE OF SUPERVISEE	DATE