



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

Phone (336) 625-1679
Fax (336) 625-4246

Website: www.ncswboard.org

CSWM Administrative Supervision Form

For Level H Certification

This form is used to document hours previously acquired

Applicant Name _____ Date _____

Supervisor Name _____

TO BE COMPLETED BY THE ADMINISTRATIVE SUPERVISOR

The above named individual is applying for the Certified Social Work Manager certification. Your candor in completing this form would be appreciated. Please print legibly or type. Carefully answer each question. Please return this form to the applicant in an envelope with your signature over the closure. He or she will return your sealed reference to the Board with the completed application packet. You may write or call the Board directly if you have any questions or concerns.

1. Title of applicant's position: _____
2. Describe applicant's administrative duties and responsibilities:

(If more space is needed, use back of this form.)

3. Where did the applicant work? _____
4. Dates applicant was employed (MM/DD/YYYY): _____ to _____
5. Total number of hours employed _____
6. Dates supervision was provided (MM/DD/YYYY): _____ to _____
6. Hours of individual supervision provided by you: _____
7. Hours of group supervision provided by you: (Maximum of 50 hours) _____
8. Total combined hours of individual and group hours provided _____

I hereby certify that the above information is correct, that I am certified with the Board on at least one level and have a minimum of two years of administrative experience in a social work or mental health setting.

Signed _____ Date _____

Name _____

Title _____ Certification/License Number _____

Address _____

City, State, Zip _____

Phone(s) _____

Please return this form to the applicant in a sealed envelope with your signature over the closure.

Thank you for your assistance