



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

**Clinical Social Work Supervision Form**

For Level C Licensure Only (LCSW or LCSWA)

This form is used to document hours previously acquired

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_

TO BE COMPLETED BY THE CLINICAL SUPERVISOR

The above named individual is applying for clinical social work licensure. 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 seal. He or she will return your sealed envelope to the Board with the completed application packet. You may write or call the Board directly if you have any questions or concerns.

- Title of applicant's position: \_\_\_\_\_
- Describe applicant's clinical social work duties and responsibilities with information about population served, problems addressed, assessment and treatment modalities used for treatment and diagnosis of mental and emotional disorders:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

- Where did the applicant work? \_\_\_\_\_
- Dates applicant was employed (MM/DD/YYYY): \_\_\_\_\_ to \_\_\_\_\_
- Total number of hours employed \_\_\_\_\_  
Dates supervision was provided (MM/DD/YYYY): \_\_\_\_\_ to \_\_\_\_\_
- Hours of individual supervision provided by you: \_\_\_\_\_
- Hours of group supervision provided by you: (Maximum of 25 hours): \_\_\_\_\_
- Total combined hours of individual and group hours provided: \_\_\_\_\_

I hereby certify that the above information is correct, and that I am Certified/Licensed/Registered as a Clinical Social Worker with a graduate degree in social work from a program accredited by the Council on Social Work Education (CSWE) and have at least two years of clinical social work experience post licensure.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_

Title \_\_\_\_\_ License Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

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

Thank you for your assistance