

FOR LISW APPLICANTS ONLY – LISW SUPERVISION CONTRACT

(TO BE SUBMITTED PRIOR TO THE INITIATION OF THE SUPERVISION ALONG WITH AN LISW APPLICATION & FEE)

LEVEL OF LISW SUPERVISION APPLYING FOR: CLINICAL ADVANCED

About the Supervisee:

Supervisee: _____ SS# _____

Place of Employment: _____

Employment Address: _____

Position: _____ Work# _____ Home# _____

License# _____ License Level: _____ Date of Issue: _____

About the Supervisor:

Supervisor: _____ SS# _____

Place of Employment: _____

Employment Address: _____

Position: _____ Work# _____ Home# _____

License# _____ License Level: CP AP Date of Issue: _____

Which level of the ASWB exam have you successfully completed? Clinical Advanced

School Awarding MSW degree: _____

Have you obtained forty-five academic contact hours or forty-five continuing education contact hours in supervision? Yes No

If “yes” are copies on file with the Board? Yes No (If “no” please attach copies.)

About the Supervision:

Setting of the Proposed LISW Supervised Practice: _____

Dates of the Proposed LISW Supervision: _____

Number of Proposed Clinical or Advanced Practice Hours / Total hours of actual work (3000 hours of social work practice under clinical/advanced supervisor must be completed by the supervisee over a minimum of 2 years and maximum of 4 year period. The supervision must include face-to-face meetings between the approved clinical/advanced supervisor and the supervisee for a minimum of 100 hours equitably distributed.): _____

Supervisee’s Duties: _____

I agree to supervise the undersigned applicant named on this Supervision Contract for LISW licensure in those services to be provided in clinical or advanced social work practice and I will abide by the Guidelines for LISW Supervision and Chapter 63 of the Code of Laws of South Carolina. I understand that 3000 hours of social work practice under clinical/advanced supervisor must be completed by the supervisee over a minimum of 2 years and maximum of 4 year period. The supervision must include face-to-face meetings between the approved clinical/advanced supervisor and the supervisee for a minimum of 100 hours equitably distributed. I understand that the LISW supervision cannot begin until this LISW contract has been approved by the Board. (For your records a copy of the approved contract will be mailed to the applicant with the approval signature and date.) I understand that I will be expected to keep notes and documentation of the supervision that occurs and the issues discussed. I understand that upon completion of the supervision, I will be asked to comment on the performance assessment of the supervisee and provide a statement as to whether or not licensure is recommended for the applicant. If, for any reason, the conditions of this contract are changed, or this supervisory relationship is terminated or changed, I will immediately notify the Board. Furthermore, I do certify that my license is current and in good standing and will be maintained throughout this period.

Signature of Supervisor: _____ Date: _____

I understand that this supervision is to be in those services to be provided in clinical or advanced social work practice and I will abide by the Guidelines for LISW Supervision and Chapter 63 of the Code of Laws of South Carolina. I understand that 3000 hours of social work practice under clinical/advanced supervisor must be completed by the supervisee over a minimum of 2 years and maximum of 4 year period. The supervision must include face-to-face meetings between the approved clinical/advanced supervisor and the supervisee for a minimum of 100 hours equitably distributed. I understand that I will be expected to comply with the provisions of this contract in its entirety and must notify the Board of any modifications of this plan once it has been approved. Failure to do so may result in voiding the approval given by the Board and loss of supervision hours gained. I also understand that if supervision is terminated with one supervisor, a new supervision contract must be completed and approved by the Board before initiation of new supervision. I understand that the LISW supervision cannot begin until this LISW contract has been approved by the Board. (For your records a copy of the approved contract will be mailed to you with the approval signature and date.) Furthermore, I do certify that my license is current and in good standing and will be maintained throughout this period.

Signature of Applicant: _____ Date: _____

Please return all materials to the Board office:

**South Carolina Board of Social Work Examiners
P.O. Box 11329
Columbia, SC 29211-1329**

**This Supervision Contract has been approved by _____ on this
_____ day of _____, 20____.**