TERMINATION OF SUPERVISION

Supervisor: _____________________________________________ certify that I supervised

Supervisee: _____________________________________________

in the field of Social Work while he/she was employed at ___________________.

Agency

Dates of Supervision: From ___________________ to _____________________.

I provided _______ hours of supervision per month for a total of ______ hours of supervision.

Supervision was provided in the social work methods of (check as appropriate):

_____ Social Casework
_____ Social Work Research
_____ Social Work Administration
_____ Community Organization
_____ Clinical Social Work
_____ Other (specify)

Reason for termination of supervision:

_________________________________________________________________________

_________________________________________________________________________

Name of Supervisor _________________________________ License Number ____________
Telephone Number ___________________ Email ________________________________

Signature of Supervisor ______________________________ Date ______________________

The termination of supervision has been discussed with me, and I have received a copy of this form.

Signature of Supervisee ______________________________ License Number ____________
Date ______________________

The original of this form must be mailed to:
Alabama State Board of Social Work Examiners
100 North Union Street, Suite 736
Montgomery, AL 36104