



THE
ALABAMA
STATE
BOARD OF
SOCIAL
WORK
EXAMINERS

CONTRACT FOR SUPERVISION
LICENSED BACHELORS

The original form must be submitted to: ABSWE, PO Box 301620, Montgomery, AL 36130, PRIOR TO STARTING SUPERVISION.

Supervision is defined as guidance in the professional application of social work practice defined by law. This relationship is designed to promote responsibility, competency, and accountability, which teaches the skills and techniques associated with social work practice. **The Board requires that the LBSW work for two years under the continuing supervision of a licensed master or licensed clinical social worker.** You may visit our website, www.socialwork.alabama.gov, for additional information regarding Supervision.

Supervisee: _____ License Number: _____
Last First Middle/Maiden

Place of Employment: _____

Position Full Time: _____ Position Part Time 10 or more hours/week: _____

Employment Address: _____
Mailing Address City State Zip

E-mail Address: _____ Phone: _____

Supervisor: _____ License Number: _____
Last First Middle/Maiden

Place of Employment: _____ Phone: _____

Employment Address: _____
Mailing Address City State Zip

E-mail Address: _____

Is this Supervision within the same Agency? Yes _____ or No _____

Dates of Supervision: From _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

A minimum of four (4) hours per month of supervision is required for 24 months within a 36 month period for Social Work Licensure. Supervision must be through live real-time visual contact.

Method of supervision: Group: ____ Individual: ____ Combination: ____

Practice supervised: Clinical: ____ Casework: ____ Administration: ____ Community Org.: ____ Research: ____

The supervisor agrees to adhere to the confidentiality policies of the Supervisee's employing agency. If supervision is terminated by either party, the supervisor is responsible for completing the termination form within 30 days and forwarding to the Board. The total number of supervised hours at termination **MUST** be certified by the supervisor.

Supervisee's Signature Date Supervisor's Signature Date

ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS USE ONLY:

_____ Approved

_____ Denied

Board Representative: _____ Date: _____