



CONTRACT FOR SUPERVISION LICENSED MASTERS

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. You must have received two years or more of postgraduate continuing supervision provided by an LCSW prior to application for the LCSW exam. You may visit our website, www.socialwork.alabama.gov, for additional information regarding Supervision.

Supervisee: Last First Middle/Maiden License Number:

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: Last First Middle/Maiden License Number:

Place of Employment: Phone:

Employment Address: Mailing Address City State Zip

E-mail Address:

Is this Supervision within the same Agency? Yes No

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