

FORM B

**ALABAMA STATE BOARD OF SOCIAL WORKER EXAMINERS
Clinical Supervision Plan**

*****Be sure to complete ALL portions of this form. Do not submit if incomplete.*****

Please provide the information requested below and submit this form with a copy of the supervisee's Job Description.

I. Supervisee Information (LMSW)

Name: _____ License Number: _____
Business Name: _____
Business Address: _____
Business Phone: _____ Is supervision related to the clients from this business? Yes No
Work schedule: Full time (30hrs/wk) or more Part time (Hours per week _____)

II. Board-approved Supervisor Information

Name: _____ License Number: _____
Business Name: _____
Business Address: _____
Business Phone: _____ Are you a board-approved supervisor? Yes No

III. Clinical Supervision Schedule

Practice Location Name _____
Practice Location Address _____

Will supervised experience be accrued at multiple locations? Yes No (If yes include a separate list of site names and addresses)

Beginning Date of Supervision: ____/____/____ (MM/DD/YYYY) **Supervision may begin up to 30 days before the plan is submitted for approval. The board office shall approve a start date no more than 30 days prior to the board's receipt of the plan. If board-approval is not granted, no experience credit can be gained.**

Supervision Format: Individual Combination of Individual and Group

Supervision Sessions per Month: _____Hours Individual + _____Hours Group = _____Total Hours/Month

The following statements must be initialed by the supervisor:

_____ Through my guidance the supervisee will maintain client confidentiality by following the appropriate statutes, rules, and guidelines (including HIPPA and any other applicable laws).

_____ The strategies and methods of supervision I employ will be formulated to meet the professional growth needs of the supervisee.

_____ I will keep legible, accurate, complete, signed supervision notes indicating the content, duration, and date of supervision as well as the hours worked by the supervisee.

IV. Supervision Process (Attach extra pages if necessary)

Describe the supervisee's work setting(s):

Describe the clients served:

Describe the supervisee's duties and responsibilities including treatment methods utilized:

Formulate four goals for the supervision:

1. _____
2. _____
3. _____
4. _____

Methods of supervision to be used:

IV. Attachments to Include

- Official Job Description on agency letterhead (Official job description must reflect those duties are clinical as defined in applicable rules)
- If supervision of agency-based clients is done with a supervisor who practices outside of the employment setting and is not under contract with the employer to provide supervision, a letter from the employer on letterhead approving the outside supervision with the specific supervisor must be attached.

V. Affidavit of Understanding and Signatures

I hereby certify that I have reviewed Chapter 850-X-03 of the Alabama Administrative Code and am familiar with the regulations pertaining to supervision in the state of Alabama. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

I am aware that the Alabama State Board of Social Work Examiners will conduct random audits to ensure compliance with supervision requirements.

A photocopy of this submission has been provided to the supervisee.

A photocopy of this submission has been placed in the supervision file maintained by the supervisor.

Under penalties of perjury, I declare and affirm that the statements made in the supervision plan, including accompanying statements, are true, complete, and correct. I understand that any false or misleading information in, or in connection with my supervision plan may be cause for denial or loss supervision time received and/or loss of licensure. **(Supervision may begin up to 30 days before the plan is submitted for approval. If approval is not granted, no creditable experience can be gained.)**

Supervisee Signature	_____	Date	_____
Supervisee Name	_____		
Printed	_____		

Supervisor Signature	_____	Date	_____
Supervisor Name	_____		
Printed	_____		

Submit to:
Alabama State Board of Social Worker Examiners
P.O. Box 301620
Montgomery, Alabama 36130

Keep This Page for Reference

Overview of some important supervision requirements:

- Supervisory sessions may be in one-on-one sessions or in a combination of individual and group sessions. There can be no more than six individuals in a supervision group.
- There shall be:
 - (i) no fewer than four hours of supervision each calendar month;
 - (ii) no more than 10 hours of supervision during a calendar month.
- A calendar month is creditable *only if* the supervision began no later than the first workday of the month and ended no sooner than the last calendar day of the month.

Important information:

- Submission of a Clinical Supervision Plan and form does not ensure acceptance of the plan by the board. Acceptance is verified by a letter mailed to the supervisee at the mailing address on file with the board.
- A separate Clinical Supervision Plan and form *must be submitted* to the board for approval for *each supervisor providing supervision*. Similarly, upon cessation of supervision, a separate Clinical Supervision Verification Form must be submitted for each board-approved Clinical Supervision Plan in effect.
- Submission of a Clinical Supervision Verification Form does *not* ensure that the board will accept the verification of supervised experience *as submitted*. The Verification Form must be submitted *within 30 days* of completion of the supervision and must meet all criteria required by the board.
- If the board approves the Clinical Supervision Plan, the supervisor and supervisee will receive a written confirmation in the mail. If a written confirmation is not received, then the plan is not approved.
- **The board will conduct random audits of supervision plans to ensure compliance to supervision rules.**