FORM E

ALABAMA STATE BOARD OF SOCIAL WORKER EXAMINERS
Non-Clinical Supervision Verification

I. Supervisee's Information

Name:	License Number:
Business name Street address City, State Telephone Fax	_____ _____ _____ _____

II. Supervisor's Information (completed by supervisor)

Name:	License Number:
Business name Street address City, State Telephone Fax	_____ _____ _____ _____

III. Supervision Verification (completed by supervisor)

Note: Supervision hours and months must be in whole numbers.

Dates of supervision were from _____(month/day/year) to _____(month/day/year)
Supervisee's work schedule: ☐ Full time (30 hours/week) ☐ Part time (_____Hours/week)
Total number of hours of supervised professional non-clinical employment experience worked during this verification period: ___
Total number of supervision hours for time listed above: _____Individual
Supervisee's specific duties:
Assessment of the supervisee's social work practice knowledge, skills, and abilities:
Supervisee's therapeutic strengths:
Areas identified as needing improvement:

IV. Supervisor's Recommendation

As supervisor of the applicant's non-clinical experience, do you have any reservations about the applicant being granted a license as a master social worker or bachelor social worker?
Yes: ___ No: ___ (If yes, please include a letter outlining your concerns)

V. Affidavit of Understanding and Signatures

I hereby certify that I have received and reviewed a copy of regulations pertaining to supervision for specialty recognition in the state of Alabama. I understand that I must observe and comply with the supervision guidelines set forth in the rules.
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.

Supervisee Signature _____ Date _____
Supervisee Name Printed _____

Supervisor Signature _____ Date _____
Supervisor Name Printed _____

Mail To: Alabama State Board of Social Work Examiners, PO Box 301620, Montgomery, Alabama 36130