

FORM A

Use for: Initial or reapplication for board approved supervisor status

**ALABAMA STATE BOARD OF SOCIAL WORKER EXAMINERS
APPLICATION FORM
FOR
BOARD APPROVED SUPERVISOR STATUS**

I. Applicant Information

Name: _____ License Number: _____
Business/Employment Name/Address: _____ Business Telephone: _____

Setting: Independent Clinical Practice Independent Non-clinical Practice
 Employment setting

Enclosed is the \$50 application fee for application for board approved supervisor status.

II. Proposed Supervision Settings

Note: By board rules, Licensees who are in approved supervisory status are qualified in the following supervisory settings: Please indicate your level of licensure, noting the range of supervision roles that you will qualified to provide, if approved:

Check one	License level	Qualified Supervisory Roles
<input type="checkbox"/>	LICSW	Clinical Supervision for LICSW Non-clinical supervision LMSW, LBSW, Board Ordered Supervision
<input type="checkbox"/>	LMSW - Clinical or Non Clinical	Non-clinical supervision LMSW, LBSW, Board Ordered Supervision
<input type="checkbox"/>	LBSW	Non-clinical supervision LBSW, Board Ordered Supervision

III. Qualifications to be a Supervisor (You must meet all qualifications.)

- Be a LBSW in good standing with five years of practice or a LMSW in good standing with three years of practice or LICSW with two years of practice POST LICENSURE
- Take professional responsibility for the social work services provided within the supervisory plan.
- Have completed a supervisory course acceptable to the board.
- Currently be engaged in the practice of social work and self-identified as a social worker.

IV. Documentation Attached

Proof of completion of Supervisory Training Course acceptable to the board

Up to Date Social Work Employment History

V. Signature

I certify that the information I have provided on this form is true and correct to the best of my knowledge and belief.

I understand that it is my responsibility to ensure that before entering an agreement to supervise another licensee, I must ensure that the job duties constitute qualifying experience consistent with current rules defining the practice of social work being supervised. I also understand that it is my responsibility to be knowledgeable of current rules regarding supervision and practice and ensure that the supervision that I provide is consistent with board rules.

Signature _____

Date _____

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