

Health Professional Licensing Administration
899 North Capitol Street, NE – 2nd Floor Washington, DC 20002 | Phone: 202-442-5955

BOARD OF SOCIAL WORKER
Request for Supervised Practice Form
(Foreign-Trained Applicants are not qualified for this form)

SOCIAL WORKER APPLICANTS: This form must be returned via email to dcbosw@dc.gov directly from the supervisor.

TO THE SUPERVISOR:

This form must be completed if you are supervising and applicant for licensure as a Social Worker. In accordance with Title 17 of the District of Columbia Municipal Regulations, section 7012.6 “a Social Worker supervising an applicant shall be **fully responsible for all of the actions performed by the applicant during the time of supervision** and is subject to disciplinary action for any violation of the Act or this chapter by the person supervised”.

IMPORTANT NOTE

Please note supervised practice letters must be submitted at least **30 days** prior to the start date, to ensure timely processing. Supervised practice letters are a **ONE TIME ONLY** issuance with no extensions. **In event of failure to pass the national exams the applicant must cease practicing immediately.** The applicant must have a licensure application on file. A Supervised practice approval will **NOT** be granted if the following exists: *Education Requirements not met; No FBI criminal background result; Positive criminal background result(s); Termination from employment is reported; and/or Prior disciplinary action by a licensure board in any state/jurisdiction is found.* **The applicant cannot begin work without an approved supervised practice form. An approved supervised practice form is valid for 90 days only from the approval date.**

SUPERVISEE/APPLICANT (Please print) | **Note: The applicant MUST have a complete application on file.**

LAST	FIRST	EMAIL	DAYTIME PHONE
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SUPERVISOR/CONTACT (Please print) | **Note: The supervisor MUST be licensed in DC.**

LAST	FIRST	EMAIL	DAYTIME PHONE
DC LICENSE NUMBER		DC LICENSE EXPIRATION DATE	
LOCATION OF SUPERVISED PRACTICE	FACILITY NAME	FACILITY ADDRESS	
DUTIES OF SUPERVISEE/APPLICANT			

I am the applicant/supervisee, I have submitted a complete application and all information on this form is true and accurate.

SUPERVISEE/APPLICANT SIGNATURE	DATE

I am the supervisor and all information on this form is true and accurate.

SUPERVISOR SIGNATURE	DATE

FOR OFFICE USE ONLY

Date Supervision Form Submitted:		Date Supervision Will End:	
Date of Board Review:		Board Action:	
HPLA Staff Print Name/Signature:		Date	

DC SEAL