

DISTRICT OF COLUMBIA LICENSURE SUPERVISION VERIFICATION FORM

Complete the following information. If additional forms are required, make duplicates of this form. After your supervisor has completed his/her portion of this form, it must be returned to you and included in your application package.

Applicant Name:

Type of License Applying For:

DIRECTION TO THE SUPERVISOR

This form should be completed in ink and returned to the applicant for inclusion with his/her application form. ALL items must be filled in or the applicant's application will not qualify.

I certify that I supervised the above named applicant from ____/____/____
to ____/____/____ who worked for a total of ____ hours per week. I
provided a total of ____ hours of general supervision* and a total of ____
hours of immediate supervision**.

Title of Applicant's position:

Applicant's duties and responsibilities:

Was the Applicant's performance satisfactory or better? Yes (___) No (___)

I certify that I provided the supervision described above and that it is a true and accurate representation of this supervision. By certifying this information, I will be available to interpret or substantiate the information provided should the board need clarification at a later date.

Name of Supervisor (print or type)

Name of Agency/Organization

Signature of Supervisor and Date

Address of Agency/Organization

Address of Supervisor

City/State/Zip Code

Telephone Number

***General Supervision:** Supervision in which the supervisor is available on the premises or by communications device at the time the applicant is practicing.

***Immediate Supervision:** One-to-one supervision in which the supervisor is with the application and either discussing or observing the applicant's practice.