



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health
Board of Social Work

**D.C. SOCIAL WORK LISW / LICSW
SUPERVISION CALCULATION WORKSHEET**

Applicants Name: _____

Applicants License #: _____

Supervisor's Name	Start Date of Supervision (MM/YYYY)	End Date of Supervision (MM/YYYY)	GENERAL SUPERVISION Hours Completed	FACE TO FACE SUPERVISION Hours Completed	Experience in D.C.? <i>Yes or No</i>	Supervisor's License #	Supervisor's Signature

Total Number of
General Supervision Hours: _____

Total Number of
Immediate / Face to Face
Supervision Hours: _____

NOTE: If the applicant's experience was obtained in the District of Columbia, then verify that the applicant and his/her supervisor held a valid D.C. license during that period.

If the applicant and/or supervisor were not licensed during the period that the applicant's D.C. experience was obtained, then the application packet must be forwarded to the Board for review.