

Government of the District of Columbia
Health Professional Licensing Administration
Board of Social Work



OFF-SITE SUPERVISION VERIFICATION FORM
(For Off-Site Supervisors doing Immediate Supervision ONLY)

Applicant: _____ **Social Work Level Applying For:** _____

Instructions for Off-Site Supervisors

This form should be written or typed and returned to the social work applicant in a sealed envelope for submission with the applications support material. All items must be completed accurately or the application may be denied by the D.C. Board of Social Work.

For information regarding supervision requirements, see Definitions of Supervision on reverse side of this form.

CERTIFICATION

I, _____, certify that I supervised _____
Supervisor Applicant

from _____ to _____ doing Immediate/ Face-to-Face Supervision.
Month/Year Month/Year

Total Number of hours of immediate (face-to-face, direct observation) supervision: _____

Was the applicant's practice satisfactory or better? YES _____ NO _____

Remarks: _____

Location of Supervision: _____

I certify that I am a qualified supervisor according to the terms outlined in Chapter 70, Title 17 of the DCMR as indicated under Supervision Definitions on the reverse side of this form. I further certify that I provided the supervision described above, and that it is a true and accurate representation of this supervision.

Supervisor's Signature Date

Date of Original Licensure

Work Telephone Number

Jurisdiction Licensed By

License Number

City, State, Zip Code

Non-District LICSW and LISW Supervisors must send in state license verification forms or a copy of a current license indicating its issuance date. (A Certification from a professional organization is NOT a license.)