

**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 **emailed directly from the supervisor** to the DC Social Work Board via email [dcbosw@dc.gov](mailto:dcbosw@dc.gov). 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 please refer to regulations: <https://dchealth.dc.gov/node/161602>.

**CERTIFICATION**

I, \_\_\_\_\_, certify that I supervised \_\_\_\_\_  
Supervisor Applicant

from \_\_\_\_\_ to \_\_\_\_\_, doing Immediate/ Face-to-Face/Group Supervision.

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

Total Number of hours of [group supervision](#) (face to face direct observation/no more than 4 supervisees): \_\_\_\_\_

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

Remarks: \_\_\_\_\_  
\_\_\_\_\_

**Location of Supervision:** \_\_\_\_\_

**Telework Practices ONLY:**

Was any client(s) physically located within the District of Columbia at the time of your telehealth services? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If no, please list the states: \_\_\_\_\_

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 Board website: <https://dchealth.dc.gov/node/161602>. 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

\_\_\_\_\_  
Jurisdiction Licensed By

\_\_\_\_\_  
Date of Original Licensure

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Work Telephone 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.)