

**Health Professional Licensing Administration**

2201 Shannon Place, SE – 2nd Floor Washington, DC 20002 | Phone: 202-442-5955

**BOARD OF SOCIAL WORK**

**LGSW Education Pathway Renewal Supervision Form**

(Foreign-Trained Applicants are not qualified for this form)

**LGSW EDUCATION PATHWAY RENEWAL APPLICANTS:**

This form must be returned via email to [dcbosw@dc.gov](mailto:dcbosw@dc.gov) directly from the supervisor.

**TO THE SUPERVISOR:**

This form must be completed if you are supervising a LGSW Education Pathway licensee seeking renewal. In accordance with Title 17 of the District of Columbia Municipal Regulations, section 7012.6 "A supervisor shall be responsible for ensuring that the individual(s) under his or her supervision is authorized to practice under supervision and may be subject to disciplinary action for supervising unlicensed or unauthorized personnel."

**IMPORTANT NOTE**

**Please note:** The LGSW Education Pathway Renewal Supervision Form, **must be submitted after the supervisee has completed their two-year supervision period and required, 1,500 supervision hours.** This process is for LGSW Educational Pathway renewal applicants. If the required 1,500 hours are not completed by the expiration date of the license, the licensee must **immediately cease practice.**

**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
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DC LICENSE NUMBER	DC LICENSE EXPIRATION DATE
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LOCATION OF SUPERVISED PRACTICE	FACILITY NAME	FACILITY ADDRESS
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DUTIES OF SUPERVISEE/APPLICANT
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I am the applicant/supervisee, I have submitted a complete application and all information on this form is true and accurate.

<b>SUPERVISEE/APPLICANT SIGNATURE</b>	<b>DATE</b>

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

<b>SUPERVISOR SIGNATURE</b>	<b>DATE</b>