



B. **Psychosocial Interventions:** The application of social work that involves individual, dyadic, family, or group interventions that utilize treatment modalities such as the following. These modalities are implemented in crisis, short-term, and long-term therapeutic interventions directed at reducing, increasing, enhancing, maintaining, or changing target behaviors, areas of functioning, or environmental structures or processes.

Family Systems Therapy  Client Centered Advocacy  Environmental Modifications  Community Organization  
 Organizational Change  Other: \_\_\_\_\_

I certify that the applicant demonstrated competency for items checked:  Yes  No

C. **Social Psychotherapy:** The application of social work toward the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups.

Interventions directed to interpersonal interactions, intra-psyche dynamics, life support and management issues  
 Professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including mental and emotional disorders:  
 Assessment  Diagnosis  Treatment  Psychotherapy  Consultation  Evaluation  
 Other: \_\_\_\_\_

I certify that the applicant demonstrated competency for items checked:  Yes  No

**Applicant was engaged in the practice of social work under your Training Supervision:** means supervision for the purposes of obtaining a license and/or development of new areas of proficiency while providing services to clients. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative process of professional growth and development. The training supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting.

- a) **Individual supervision** means face-to face contact between a supervisor and an individual supervisee in a private session wherein the supervisor and supervisee deal with problems unique to the practice of that supervisee.
- b) **Group Supervision** means face-to face contact between a supervisor and a small group (not to exceed six supervisees) in a private session wherein practice problems are dealt with that are similar in nature and complexity to all supervisees in the group.

Need a minimum of 3000 hrs & 24 mo. but cannot earn more than 1500 hrs in any 12 mo. If less than 1500 hrs list actual number of hrs. in (\_\_\_\_)

**Dates 1<sup>st</sup> 1500 hrs** or (\_\_\_\_) From: \_\_\_\_\_ To: \_\_\_\_\_ **Dates 2<sup>nd</sup> 1500 hrs** or (\_\_\_\_) From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy)

How many hours of face-to-face supervision in private sessions did you provide? The minimum requirement for training supervision is 150 hours which can be all individual, all group, or a combination of the two.

**Total #:** individual face-to face supervision hours: \_\_\_\_\_ **Total #:** group face-to-face supervision hours: \_\_\_\_\_

Check as many of the Following that applied to you when you supervised this applicant:

Master's or Doctoral degree in social work  
 Have two years' experience in social work or related field, if not in social work, specify field: \_\_\_\_\_  
 Independent Social Worker: Date Licensed \_\_\_\_\_ License Number \_\_\_\_\_  
Date of last renewal: \_\_\_\_\_

Do you recommend this applicant to practice master's level social work with an independent level license?

Yes  Yes, with reservations  No (if "Yes, with reservations: or "No", attach a detailed explanation)

Name of Supervisor:		Title of Supervisor:	
Mailing Address-Number & Street:	City:	State:	Zip Code:
Email:		Telephone Number:	

Signature of Supervisor: \_\_\_\_\_

Notarization:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

County of \_\_\_\_\_ and State of \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_