



Counselor, Social Worker & Marriage and Family Therapist Board

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LISW HARDSHIP REQUEST FORM FOR A PROFESSIONAL OTHER THAN A LISW-S TO PROVIDED SUPERVISION

1. Name: _____ **Daytime Phone #:** _____ **License #:** _____

2. Provide the name and license number of the person you request to provide you with your supervision instead of a LISW-S? Please attach a copy of their Professional Disclosure Statement with this request.

Name: _____ **License #:** _____

3. In what Ohio county do you reside? In what county do you work?

Reside: _____ **Work:** _____

4. Please explain on a separate sheet of paper, how you have exhausted all of your efforts to have a LISW-S provide you with your supervision. Include a list of the LISW-S's that you have contacted and why they are unable to provide you with your supervision.

5. Please explain on a separate sheet of paper if there are other underlying circumstances that you would like the board to take into consideration with regard to your request for a hardship?

6. Please explain on a separate sheet of paper if the type of social work duties you provide that requires a hardship (i.e., a particular population you work with that has a limited amount of LISW-S's, or are you an administrative social worker and cannot find a LISW-S that practices administrative social work, etc).