State of Ohio
Counselor, Social Worker and Marriage and Family Therapist Board
www.cswmft.ohio.gov - cswmft.info@cswb.state.oh.us
50 West Broad Street, Suite 1075 • Columbus, Ohio 43215-5919
Fax: (614) 728-7790 • (614) 466-5465

Independent Social Worker Professional Employment Reference

Directions:

Section A is to be completed by the applicant.

1. Applicant must sign the waiver of liability prior to giving the form to their supervisor.
2. Applicant shall provide a copy of their own and their supervisor's professional disclosure statement.
3. Non-Clinical Applicants shall provide a statement of how they perform psychosocial interventions at their job.

Section B & C are to be completed by the supervisor.

1. The supervisor shall not complete the form until the waiver of liability is signed by the applicant.
2. The supervisor must have his or her own signature notarized after completing the form.
3. After completing the form, the supervisor shall seal it in the envelope provided, sign his or her name across the seal and return it to the board.

Section A:

1. First Name:	Middle Name:	Last Name:	License Number:

2. Mailing Address—Number & Street:	City:	State:	Zip Code:

3. Did you attach a statement of how you perform psychosocial interventions at the administrative level? ☐ Yes ☐ No

4. Waiver of Liability:

I _____ hereby authorize _____
Applicant's Name Supervisor's Name

(hereinafter "professional employment reference") to provide the Board with any information which the professional employment reference may deem relevant to my qualifications as an applicant. I hereby release and discharge the professional employment references from all claims arising out of the provision of such information.

_____
Signature Date

Section B:

5. Name of Employing Company:

6. Mailing Address – Number & Street:	City:	State:	Zip Code:

7. Applicant's Job Title:

8. Applicant's Job Title & Brief Job Description: (You must attach a copy of job description):

Section C:

9. Applicant was engaged in the practice of social work at the above agency by performing the following (check all that apply):
"Practice of social work" means the application of specialized knowledge of human development and behavior and social, economic, and cultural systems in directly assisting individuals, families, and groups in a clinical setting to improve or restore their capacity for social functioning, including counseling, the use of psychosocial interventions, and the use of social psychotherapy, which includes the diagnosis and treatment of mental and emotional disorders."

A. Counseling **(A practice often used in clinical social work to guide individuals, families, groups and communities)**

☐ Giving Feedback ☐ Delineating Alternatives ☐ Helping Articulate Goals

☐ Providing Needed Information ☐ Other: _____

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:

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, intrapsychic, 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 □ Counseling

□ Consultation □ Evaluation □ Other:

10. 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 training supervisor is responsible for the professional growth of the supervisee. Training supervision may be individual supervision or group supervision.**

(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.

From _____ _____ To _____ _____
(Month) (Year) (Month) (Year)

How many hours of the following did the applicant complete under your supervision during the time frame specified above?

Total number of: individual, face to face supervision hours:_____ Total number of group supervision hours:_____

11. Check as Many of The Following That Applied To You When You Supervised This Applicant:

☐ Master's or Doctoral degree in social work
☐ Qualified mental health professional by the department of mental health (before 10/10/86)
☐ 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: _____

12. Do you recommend that the applicant should be granted a license to practice social work? ☐ Yes ☐ No
(If no, attach a detailed explanation)

13. Name of Supervisor:	Title of Supervisor:

14. Mailing Address – Number & Street:	City:	State:	Zip Code:

15. Telephone Number:	Email:

16. Signature of Supervisor:

_____
Signature Date

17. Notarization:

Subscribed and sworn before me this _____ day of _____ , 20_____

County of _____ and State of _____

_____
Signature of Notary Public