



OREGON BOARD OF LICENSED SOCIAL WORKERS

CLINICAL SOCIAL WORK ASSOCIATE PLAN OF SUPERVISION

FOR OFFICE USE ONLY ~ RECEIVED ON:

SUPERVISOR REQUIREMENTS:

OAR 877-020-0012 requires a plan supervisor to have (2) years of licensed practice experience in this or any other state, and have completed (6) hours of continuing education courses specific to Supervision. These hours are good for (5) years from the completion date. A copy of the completion certificate documenting the CE's, must be on file in the Board office before beginning supervision with a CSWA, and must have passed the Oregon rules and statutes exam within five years prior to providing supervision.

CSWA APPLICANT
NAME:

Last Name, First Name Middle Initial

TELEPHONE:

INDIVIDUAL
SUPERVISOR NAME:

Last Name, First Name Middle Initial

TELEPHONE:

WHERE WILL THE SUPERVISION TAKE PLACE?

SUPERVISOR'S OFFICE

CSWA'S OFFICE

OTHER:

IS THERE A FEE FOR SUPERVISION?

\$

PER HOUR:

PER MONTH:

PER MONTH:

BRIEFLY DESCRIBE THE PROPOSED INDIVIDUAL SUPERVISION:

GROUP
SUPERVISOR NAME:

Last Name, First Name Middle Initial

TELEPHONE:

WHERE WILL THE SUPERVISION TAKE PLACE?

SUPERVISOR'S OFFICE

CSWA'S OFFICE

OTHER:

IS THERE A FEE FOR SUPERVISION?

\$

PER HOUR:

PER MONTH:

PER MONTH:

BRIEFLY DESCRIBE THE PROPOSED GROUP SUPERVISION ~ (NO MORE THAN (5) INDIVIDUALS PER GROUP SESSION):

→ ALL SUPERVISORS

- Attach to this Plan of Supervision, a copy of the certificate of completion which documents at least (6) hours of continuing education specific to supervision within the last (5) years.
- Attach a copy of the Oregon Rules & Laws exam if not already on file with the Board office.
- Attach a copy of your social work license, psychologist license or psychiatrist license

CERTIFICATION SIGNATURES FOR CURRENT PLAN OF SUPERVISION:

- ➔ I certify that the information provided in this document is true and correct to the best of my knowledge. I agree to work with this Plan as described above.
- ➔ **ALL PLANS** require signatures of the **Clinical Supervisor and the CSWA Applicant.**
- ➔ Be sure that all signatures are in place before submitting your application. **Unsigned forms will be returned, thereby causing a delay in processing your application and issuing your certificate. No hours count toward your plan until approved by the Board.**

INDIVIDUAL SUPERVISOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Print Name of Supervisor)	(License #)	(Signature of LCSW Supervisor)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Date)	(Email)	(Telephone)
GROUP SUPERVISOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Print Name of Supervisor)	(License #)	(Signature of LCSW Supervisor)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Date)	(Email)	(Telephone)
C.S.W.A.	<input type="text"/>	<input type="text"/>	
	(Print Name of CSWA)	(Signature of CSWA)	
	<input type="text"/>		
	(Date)		

CSWA RESPONSIBILITIES:

- I UNDERSTAND.....** that my title will be **CLINICAL SOCIAL WORK ASSOCIATE (CSWA)** and I am NOT permitted, under Oregon Law, to be called or represent myself as a Licensed Clinical Social Worker.
 - I WILL FOLLOW.....** the Code of Ethics for Social Workers as defined in Oregon Administrative Rules, Chapter 877, Division 30.
 - I UNDERSTAND.....** I must meet with my Supervisor(s) at least (2) times a month for a minimum of (1) hour each meeting, where my clinical work will be discussed, evaluated, and directed. In the case of an individual and group supervisor, (1) meeting with each supervisor will meet this requirement.
 - I UNDERSTAND.....** it is my responsibility to obtain, prior to Board approval, of changes to my Plan of Supervision, and to keep the Board office informed of any name or address changes.
 - I UNDERSTAND.....** that the Associate Plan cannot be completed in less than (24) months, post MSW supervision, and can take no longer than (60) months to complete each Associate Plan, as defined in Oregon Administrative Rules 877-020-0010(3)(A).
 - I WILL.....** maintain client confidentiality at all times, including during supervision.
 - I WILL.....** communicate to the Board, any interruptions, concerns, or proposed termination of the Plan.
- My employer is aware and has consented to the implementation of this Plan of Supervision.**

SUPERVISOR RESPONSIBILITIES:

- I WILL.....** closely review and supervise representative and problem cases with attention to diagnostic evaluation, treatment planning, ongoing case management, emergency intervention, record keeping and termination.
- I WILL.....** review case records, billings, appointment book and client population as appropriate.

I WILL..... determine appropriate client populations to be served and direct the Associate to refer inappropriate clients to other therapists

I WILL..... maintain confidentiality of all client and supervisory materials.

I WILL..... review with the Associate, the Oregon Laws and Administrative Rules related to the ethical principles of Clinical Social Workers, with specific attention to Division 30, the Code of Ethics.

I WILL..... submit **TIMELY** (6) Month Evaluation Reports to the Board, of the Associate's progress, with a **FINAL** evaluation at the conclusion of the Plan.

I WILL..... communicate to the Board, any interruptions, concerns or proposed termination of the Plan.

I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AS A CSWA APPLICANT

INITIAL:

I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AS A SUPERVISOR

INITIAL:

DEFINITION: OREGON ADMINISTRATIVE RULE (OAR) 877-001-0006

- (1) "Authorization to practice regulated social work" is defined in ORS 675.510 as a certificate or license issued by the State Board of Licensed Social Workers under 675.510 to 675.600.
- (2) "Regulated social worker" is defined in ORS 675.510 as a baccalaureate social worker registered under 675.532, a master's social worker licensed under 675.533, a clinical social work associate certified under 675.537, or a clinical social worker licensed under 675.530.
- (3) The term "board" in OAR chapter 877 means the State Board of Licensed Social Workers established by ORS 675.590, unless otherwise specified.
- (4) "Clinical social work" means:
 - (a) A specialty within the practice of master's social work that requires the application of specialized clinical knowledge and advance clinical skills to the assessment, diagnosis or treatment of mental, emotional or behavioral disorders or conditions, including but not limited to those identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) fifth edition; and
 - (b) The application of services described in paragraph (a) of this subsection to the provision of individual, marital, couples, family or group counseling or psychotherapy.
- (5) "Clinical supervision" means an interactional professional relationship between a supervisor and a social worker that provides evaluation and direction over the supervisee's practice of clinical social work and promotes continued development of the social worker's knowledge, skills, and abilities to engage in the practice of clinical social work in an ethical and competent manner.
- (6) "Clinical social worker" means a person who practices clinical social work.
- (7) "Practice of social work" means the application of social work theory, knowledge, methods and ethics to restore or enhance social, psychosocial or biopsychosocial functioning of an individual, couples, families, children, groups, organizations or communities, and may include private practice, administration, the provision of clinical supervision and teaching.
- (8) For purposes of subsection (7) of this rule, "teaching" means providing instruction to one or more students in an academic or instructional setting by using one of the principles and methods listed in subsection (7) of this rule, but does not include the use of such teaching tools as role plays, process recordings, case discussions, or video or audio tapes of client interactions that do not involve providing mental health services to a live client in the class room setting.

DEFINITION: OREGON ADMINISTRATIVE RULE (OAR) 877-020-0000

An "agency" is a private or public organization that, through its employees, engages in clinical social work (defined in ORS 675.510(2)), generally characterized by the following:

- (1) Cases are assigned through a central process;
- (2) Billing is centralized & done in the organization's name;
- (3) The organization collects all fees including deductibles & co-payments;
- (4) The organization controls client records & is responsible for their proper storage & destruction;
- (5) The organization controls office space by renting, owning or leasing it;
- (6) The organization displays its name on the premises so as to be clearly visible to clients;
- (7) The name of the organization is on all forms given to the client;
- (8) The organization maintains the responsibilities for hiring & firing of staff;
- (9) The organization pays the staff for clinical services;
- (10) Supervision of clinical social work associates are provided on a regular basis;
- (11) Evaluation of the competence of social workers who provide social work services at the organization is provided on a regular basis; and
- (12) Policies & procedures of the organization are available in written form for the staff & clients.