

STATE OF OREGON
STATE BOARD OF CLINICAL SOCIAL WORKERS
REQUEST FOR SUPERVISION EXCEPTION

FORM 4

Complete this form if your clinical supervision was received in another state or if you are submitting a Plan of Supervision which requires a geographic hardship (no LCSW within a 50-mile radius). Professionals who may be considered by the Board as meeting equivalent qualifications include clinical social workers who meet LCSW requirements, licensed clinical psychologists, or board certified psychiatrists. (Rule 877-020-0012(8))

TO BE COMPLETED BY APPLICANT: Please identify the reason for requesting the exception to the requirements for LCSW supervision.

[] Supervision received in the State of _____

[] Requesting Geographic Hardship. I live _____ miles from an LCSW.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY APPLICANTS SUPERVISOR Please provide the following information about yourself (as applicable)

1. Vita/Resume -- To include education experience and work experience.
2. License number and/or Board certified number. _____

Please include information about your supervision, what was required and when you obtained your license.

3. Please describe below how *your* supervision was received -- by whom, when, and for how long.

Supervisor's Name	Degree	Dates Supervised	Length of Supervision

Signature _____ Date _____