

STATE OF OREGON
STATE BOARD OF CLINICAL SOCIAL WORKERS
SUPERVISION DOCUMENTATION FORM

FORM 5

INSTRUCTIONS: This form is to be used by applicants to document previous supervision which was received (all or part) from another state. NOTE: Approval of any or all previous clinical practice and supervision hours are at the Board's discretion. **USE A SEPARATE FORM FOR EACH SUPERVISOR.**

NAME OF APPLICANT _____

INFORMATION ABOUT THE APPLICANT'S CLINICAL SUPERVISION

Place of Employment _____

Date(s) of Supervision (From) _____ (To) _____

Supervisor
Information _____

Name

Credentials (LCSW)

Degree (MSW)

Credentials (LCSW) Number _____ Initial Date of Licensure _____

Individual Supervision

Total number of hours of individual supervision: _____

Number of meetings per month _____ number of hours each meeting _____

This supervision took place during the dates of (month and year) _____ to _____

Briefly describe the individual supervision: _____

Group Supervision

Total number of hours of group supervision: _____ # of Supervisees in the Group _____

Number of meetings per month _____ numbers of hours each meeting _____

This supervision was during the dates (month and year) _____ to _____

Number of supervisees in the group: _____ Briefly describe the Group Supervision _____

INFORMATION ABOUT THE APPLICANT'S CLINICAL PRACTICE

Place of Employment _____ Dates _____

Total number of Work Hours per week _____ Total number of Direct Client hours per week _____

Do you know of any reason why the applicant will be unable to adequately perform the practice of Clinical Social Work? Yes No. If yes, please describe _____

To your knowledge, has the applicant ever been convicted of substance abuse, or any offence involving a controlled substance or alcohol, or of a felony in a state or federal court? Yes No. If yes, please describe. _____

CERTIFYING STATEMENT

I certify that all information provided in this document is true and correct to the best of my knowledge.

Signature _____ Title _____

Name (Printed) _____ Phone _____

Degree(s) _____ License No. _____
(If Applicable)

Address _____

Thank you for your time and attention in completing this form. By answering all questions fully, the applicant's request for license can be processed in a timely manner. If you have any questions, please call (503) 378-5735 and ask for Pam or Sancha.

Return all forms to the Applicant.