



Oregon Board of Licensed Social Workers
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SECTION J PREVIOUS HOURS COMPLETED IN ANOTHER JURISDICTION
PART 1

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 is at the Board's discretion. Make additional copies of this form if needed.

(Please print) Supervisee Name		State hours completed in	
(Please print) Supervisor Name		License or Certificate #	
License #	Issue Date	Phone ()	
Cumulative total Individual supervision hours with this supervisor		Cumulative total Group supervision hours with this supervisor	
Number of work hours per week	Number of client hours per week	Dates of Supervision	D/M/YY From: D/M/YY To:
Briefly describe previous supervision sessions			

SECTION J CERTIFYING STATEMENT (SUPERVISORS IN ANOTHER JURISDICTION)
PART 2

I certify that the information provided in this document is true and correct to the best of my knowledge. 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 will count toward your plan until approved by the Board. (Original Signatures Required)

Clinical Supervisor Signature	Supervisee Signature
_____	_____
Title _____	<input type="checkbox"/> Individual <input type="checkbox"/> Group Both <input type="checkbox"/>
Each Supervisor must complete a separate form	